

New Hanover County 2022 Community Health Needs Assessment



NEW HANOVER COUNTY
HEALTH & HUMAN SERVICES

N **NOVANT**
HEALTH

Prepared by: North Carolina Institute for Public Health



INTRODUCTION LETTER

Dear Neighbors,

Since 1745 public health has been a cornerstone of life along the Cape Fear Coast. In that year local officials established ordinances addressing street sanitation, proper water drainage, and perishable goods sold in markets. Over 277 years we've made health improvements unimaginable at that time. In June of 1877, a New Hanover County Board of Health and a Wilmington Health Department were chartered and the improvements in our community health have grown at an increasing pace since. Our constants in public health practice have been protection, promotion, and prevention for everyone, and this holds true to this day. The professional public health practitioners I am privileged to serve with commit themselves each day to serving our community in pursuit of the greatest opportunities for health and quality of life possible across our county.

This Community Health Needs Assessment (CHNA) is an integral part of how we learn, grow, improve, and serve our community. It provides insights, perspectives, and it identifies priorities, but is also a living document, much like our collaboration with our community must be, an on-going relationship allowing us to grow together.

Our CHNA includes information about the current health of our community from surveys, focus groups, and health data. It is designed to help us formulate a plan, what we call a Community Health Improvement Plan (CHIP) to address challenges and make the most of opportunities in individual, household, and community-wide health. Also important in our assessment are learning about important life circumstances, sometimes known as social determinants or non-medical determinants of health. These are known to greatly affect, in many ways both immediate and long-term, individual, family, and community health: examples include access to healthcare, safe and affordable housing, healthy food and water, a positive and supportive homelife, and quality education.

We accomplish our mission through direct provision of key public health services, partnerships with many community organizations large and small, and connection with every diverse group of residents across our community.

As you read through our CHNA, please find ways, individually and with others, to play a part in making New Hanover County the healthiest place to live, work, learn and play anywhere in the world. Everyone has a role in the betterment of our community and in creating a supportive and positive environment leading to healthier lives.

Equitable, fair, and realistic opportunities for health, for everyone, is a responsibility we all share, and an investment we all benefit from - our most valuable wealth is our health.

Sincerely,

A handwritten signature in blue ink, appearing to read "David Howard".

David G. Howard, MPH, BS

New Hanover County Public Health Director

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ACKNOWLEDGEMENTS

COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

The Community Health Needs Assessment (CHNA) Steering Committee met monthly from January to October 2022 to coordinate the work of the CHNA. The team was led by Donna Fayko, David Howard and Diana Hills of New Hanover County Health and Human Services and Scott Whisnant, Sarah Arthur and Michele Bennett of Novant Health New Hanover Regional Medical Center and included consultants from the North Carolina Institute for Public Health (NCIPH; see section below for full list of NCIPH contributors). This team focused on managing the CHNA data collection and timeline and coordinating with the stakeholder group for strategic direction.

Name	Title	Organization
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David Howard	Health Director	New Hanover County Health and Human Services
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John Wallace	Senior Data Advisor	North Carolina Institute for Public Health
Destiny James	Community Engagement Coordinator	North Carolina Institute for Public Health

STAKEHOLDER GROUP

The stakeholder group met monthly throughout the assessment process to provide input on survey questions, determine focus group populations and topics, promote participation in CHA activities, review assessment data, and prioritize topics. The invitation to join the stakeholder group can be found in Appendix 1.

Name	Organization
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Althea Johnson	Med North Health
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Name	Organization
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Janet Nelson	The Harrelson Center
Jay Corpening	Chief District Court Judge
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Joe Conway	City of Wilmington
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Katrina Knight	Good Shepherd Center
Kevin Spears	Wilmington City Council
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Morgan King	NC Cooperative Extension
Natalie English	Wilmington Chamber of Commerce
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Sarah Ridout	Community Care of the Lower Cape Fear
Segovia Edelmire	Centro Hispano
Shirin Jenkins	City of Wilmington Parks & Recreation
Steve McCrossan	NourishNC
Sonja McFarland	The Harrelson Center

Name	Organization
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Tufanna Bradley	NHC Health and Human Services
Vanessa Van Gilder	New Hanover Regional Medical Center
Velva Jenkins	YWCA of the Lower Cape Fear
Vernice Hamilton	Housing Authority of the City of Wilmington
Yvonne Hughes	Coastal Carolinas Health Alliance

NORTH CAROLINA INSTITUTE OF PUBLIC HEALTH

New Hanover County Health and Human Services (NHC HHS) and Novant Health New Hanover Regional Medical Center (Novant Health) contracted with NCIPH at the University of North Carolina-Chapel Hill to facilitate the Community Health Needs Assessment process and report-writing. The following report was drafted by the NCIPH team and reviewed by the CHNA Team. NCIPH team members contributing to this report include:

Name	Role
Lauren Schauer	Project Co-Lead, Community Assessment Coordinator
John Wallace	Project Co-Lead, Senior Data Advisor
Destiny James	Community Engagement Coordinator
Emily McGee	Community Assessment Project Associate
Alison Singer	Community Assessment Analyst & Advisor
Margaret Benson Nemitz	Strategic Approaches Coordinator
Joe Dawson	Digital Communications Specialist
Adrienne Hall	Data & Spatial Analyst
Sara Moreno	Student Assistant

EXECUTIVE SUMMARY

PURPOSE OF THE COMMUNITY HEALTH ASSESSMENT

Figure 1: Airlie Gardens. Image courtesy of New Hanover County Flickr account



A community health needs assessment (CHNA) is a systematic process for evaluating community health. Data is collected, analyzed, and used to illustrate the state of health and wellbeing within a community. During this process, community members and the assessment team work to identify community needs, areas for improvement, resources, and strengths. Using this information, priority areas are selected to be the focus of strategic planning, ensuring a data and community-informed approach to health improvement. The final report describes the process and contains the findings from the assessment. The community assessment process and the final report aim to promote collaboration, action planning and resource sharing between local leaders, community-serving organizations, and community members as they work to improve community health.

PARTICIPATION AND COMMUNITY ENGAGEMENT

NHC HHS and Novant Health consulted with NCIPH to facilitate the assessment process. In addition to the steering committee, a stakeholder group comprised of representatives from various health and human service organizations met regularly to plan, review, and analyze data, and discuss priorities. The CHNA team engaged community members throughout the assessment process. The Community Health Opinion Survey (CHOS) engaged 1,334 community members to learn more about their personal health status and concerns, as well as their concerns for the community overall. Additionally, community members were invited to participate in community conversations to share their experiences living in New Hanover County. The conversation populations were identified by the stakeholder group to ensure a diverse set of voices and experiences were represented; they included Latinx community members, Black and African American community members, individuals with disabilities, older adults, LGBTQIA+ community members, and individuals experiencing homelessness. Finally, community members were invited to vote on a set of priorities for the CHNA cycle based on the information gathered during the assessment.

PROCESS

The CHNA Team worked from January to October 2022 to collect and analyze data, present it for discussion to the stakeholder group, and set priorities that represent the county's needs and concerns. The data collection process included primary data – data collected directly from the community through the community health opinion survey and community conversations – as well as secondary, or existing, data. The secondary data sources included the North Carolina Center for Health Statistics, the United States Census Bureau, and local government, among others.

COMPARISONS AND FINDINGS

Throughout the data collection and analysis process, the CHNA team compared data from New Hanover County to three peer counties (Brunswick, Buncombe and Gaston), which were chosen for their similarity to New Hanover in demographic and community context (e.g., rural and urban populations, regional service hub, or proximity). Data was also compared to the state of North Carolina, as well as targets from the Healthy North Carolina 2030 objectives, which serve as a health improvement plan for the state.

In some areas, New Hanover County is performing well compared to peers. For example, New Hanover has the highest percentage of individuals with a Bachelor's degree as their highest level of education as compared to peer counties (27.8%). The high school graduation rate has also been increasing since 2015. New Hanover County is also meeting the Healthy NC 2030 goal of having at least one primary care provider per 1,500 population. The county has 152.8 registered nurses per 10,000 population and 32.8 physicians per 10,000 population. It is important to note that even though New Hanover is meeting the goal for primary care providers, many community conversation participants were concerned about access to care. They cited long wait times to see providers and a lack of providers accepting Medicare and Medicaid.

Mental health and substance use are important issues in New Hanover County. New Hanover has seen a sharp increase in drug overdose deaths, from 19.4 per 100,000 in 2014 to 39.7 per 100,000 in 2020 – the highest among peers. When the data is broken down by sex, the rate of total medication and drug poisoning deaths of all intents is 63.5 per 100,000 for males compared to females at 23.9 deaths per 100,000. The rate of deaths for white, non-Hispanic residents is 44.9 per 100,000 population compared to 66.7 per 100,000 population for Black residents.

Economic indicators can represent upstream factors that influence health. Unemployment in New Hanover County had been decreasing since 2011, but there was a sharp increase in 2020. This trend is similar to peer counties and the state. It is important to acknowledge that this increase in unemployment may be attributed to the COVID-19 pandemic. Income has been increasing in recent years. In New Hanover, median household income has risen from \$50,088 in 2015 to \$56,689 in 2020, and per capita income from \$29,880 in 2015 to \$36,324 in 2020. However, not all residents are experiencing this rise in income equally. Household income in the highest quintile (80th percentile) is increasing more than incomes in the lowest quintile (20th percentile).

Housing is another concern in New Hanover County. Nearly 70% of survey respondents disagreed with the statement that they can find affordable housing. Community conversation participants across groups reported concerns about the lack of affordable housing in the county. Looking at the secondary data, housing costs in New Hanover County are higher than peer counties. As of 2020, 21.3% of homeowners and 44.3% of renters are spending more than 35% of their monthly income on housing. Additionally, 19.1% of New Hanover households have at least one of four severe housing problems (incomplete kitchen facilities, incomplete plumbing facilities, having more than 1.5 persons per room, and a cost burden greater than 50%).

PRIORITIZATION

The stakeholder group was invited to participate in two data walk presentations. During these data walks, data from primary and secondary sources were grouped thematically. NCIPH facilitated the data presentations and discussion, during which community members reacted to the data and provided insight into community context. After the data walks, an online prioritization survey was used to gather votes from New Hanover County residents. The stakeholder group convened again to review the results from community voting, and then vote for themselves on the top three health priorities. The steering committee reviewed these recommendations and selected the following three priority areas:

- **Housing**
- **Mental Health and Substance Use**
- **Access to care**

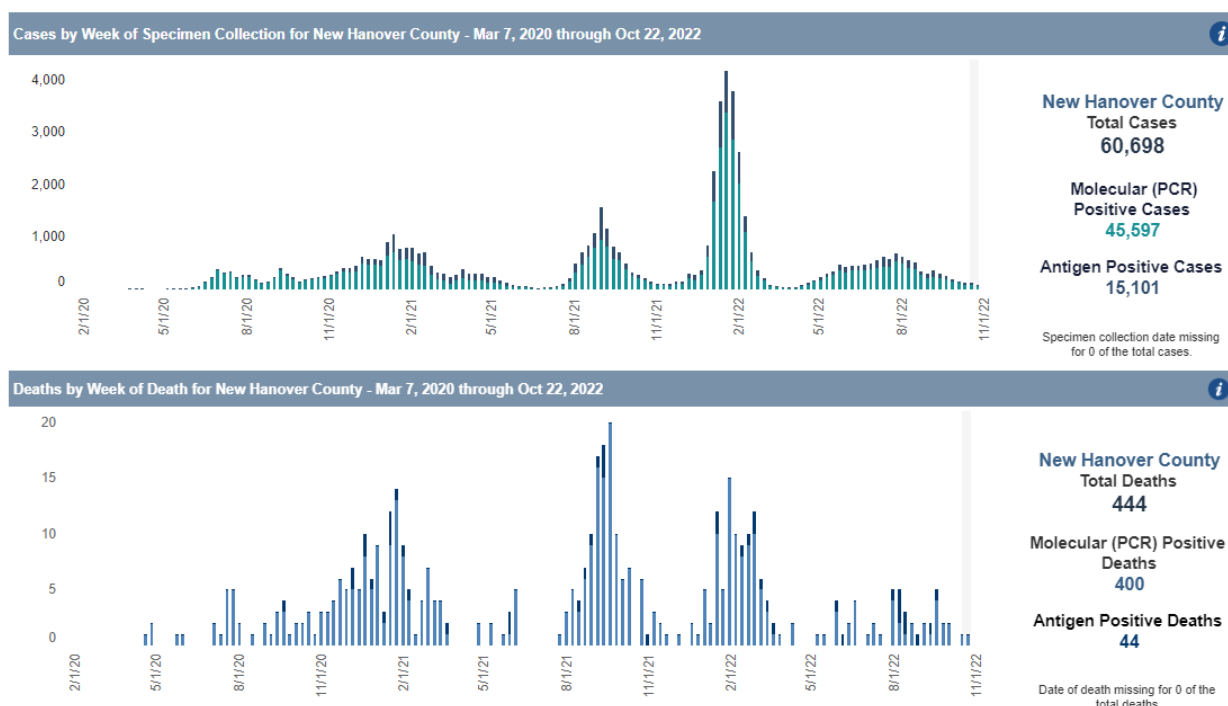
NEXT STEPS

This assessment serves as a foundation for the health improvement process and the next step is to develop health improvement action plans for each of the three priorities. Working with community partners, New Hanover County will develop measurable objectives to address each priority, identify evidence-based strategies to achieve those objectives, and plan evaluation and accountability throughout the next three years.

COVID CONTEXT

In December 2019, an emergent virus, SARS-CoV-2, was first detected in Wuhan, China and quickly spread internationally. Commonly termed COVID-19, the virus caused respiratory illness and was declared a pandemic on March 11, 2020, by the World Health Organization. Following this announcement, on March 13, 2020, the United States declared the COVID-19 pandemic a national emergency and effectively went into lockdown to contain the spread of the virus. In North Carolina, Governor Roy Cooper issued a stay-at-home order on March 27, 2020, due to the rampant spread of COVID-19 in the state; this stay-at-home order encompassed New Hanover County. During the years of 2020, 2021 and 2022, the COVID-19 pandemic infected over 3.2 million North Carolinians, with at least 60,698 positive cases and over 444 deaths confirmed in New Hanover County¹. In addition to the loss of life, the pandemic has impacted healthcare and social service delivery, community cohesion, and our process for conducting community health needs assessments.

Figure 2: New Hanover County Cases and Deaths by Week. Source: North Carolina Department of Health and Human Services. North Carolina COVID-19 Dashboard.



COMMUNITY ENGAGEMENT DURING COVID 19

Community engagement is a critical piece of the community health assessment process, beginning with the formation of a stakeholder group made up of representatives from local public health, social service, and community-based organizations. While this group was able to convene both virtually and in-person, the continued demands on everyone's time and energy during the pandemic may have limited the participation of stakeholder group members.

Another component of community engagement is qualitative data collection, which is essential for bringing the voices and lived experiences of those most affected by health inequities to the attention of decision-makers and those implementing public health and social service programs. Qualitative data provides context and insight that is often missed by survey and secondary data. Outreach to communities for community conversations was somewhat limited due to the pandemic, as participants may have been hesitant to convene indoors with people outside their households. Virtual conversations allow community members to meet safely, but also require internet access and a computer or mobile device. Scheduling and participation hurdles are additional challenges in collecting this essential form of data.

We have also seen these effects play out in representation of community voice in primary data collection. Prior to the COVID-19 pandemic, door-to-door surveying of randomly selected households selected through cluster-based sampling was NCIPH's primary method of distributing the Community Health Opinion Survey (CHOS); this surveying method assured that data included representation of voice across the county, with survey respondent demographics closely matching US Census demographics. However, due to trust and social contact issues during the pandemic that made door-to-door surveying difficult, surveying for this CHA relied on a modified method. The CHNA team used a hybrid approach of in-person surveying at selected households, postcard mailers to selected households, and distributing a general web survey throughout various networks to promote the survey. This modified approach accepted the potential for low response rates to the household survey in favor of a wider, non-probability-based sampling method. In addition to challenges from low participation, responses to online surveys have tended to be heavily skewed towards white women with higher incomes and higher levels of education than the general population. These challenges required an even more intentional and directed approach to including voices of historically marginalized populations and other under-represented community members in our community conversations.

IMPACT OF COVID-19 ON SECONDARY DATA AND INTERPRETATION

Data from surveillance systems and national surveys is often available on a delay, so for some measures the most recent data available is for 2017, or 2019, or 2021. This is a limitation normally, but especially during COVID-19 as we seek to measure its impact on our communities. Average life expectancy reported in 2019 will not yet reflect the significant loss of life due to the pandemic. Similarly, data for 2020 and 2021 should be considered within the context of COVID-19. For example, data on emergency room visits will not reflect the individuals who needed services but avoided seeking care due to risk of exposure to the virus. Due to these limitations, the data presented in this report will not be wholly comprehensive of all health characteristics within the communities. Rather, the data provides us with a point of reference for tracking social, economic, and health indicators in our community.

CHAPTER 1: INTRODUCTION

COMMUNITY HEALTH ASSESSMENT OVERVIEW

The Community Health Needs Assessment (CHNA) was developed to help identify the unmet needs of a community and guide stakeholders towards prioritizing available resources to meet those needs. It is a systematic process for evaluating the overall health status of a community, the factors that contribute to community members' health and well-being, and the resources that are available or needed to address these factors. All local health departments in North Carolina are required to conduct a CHA every three to four years to achieve accreditation by the North Carolina Local Health Department Accreditation program. The Internal Revenue Service

requires not-for-profit hospitals to complete a Community Health Needs Assessment every three years.

Figure 3: Community Health Needs Assessment Phases. Image credit: North Carolina Institute for Public Health



The CHA also involves a collection of information and data on the county of interest from three main sources: secondary data, primary data, and community input. Secondary data are gathered from existing repositories for the assessment county as well as peer counties and the state of North Carolina to allow comparison between trends. Primary data are gathered from the county itself through a mixed methods approach

of quantitative and qualitative data. The findings from the data are then presented back to the community and community stakeholders for input on how the data compare to or reflect their lived experiences within the county. Community members and stakeholders are invited to vote on top priorities and CHNA leadership convenes to review data, votes and to synthesize priorities. Action plans are developed with community stakeholders and service providers to address needs in the priority areas. The CHA process is outlined in Figure 2.

COMMUNITY ENGAGEMENT

The Community Health Needs Assessment Steering Committee met monthly from January to October 2022 to discuss assessment strategy, primary and secondary data analysis, and prepare for broader stakeholder group meetings. The stakeholder group also met monthly and was heavily involved in the planning, data review, and prioritization process.

Community engagement in the assessment process is essential to ensure that the primary data and identified priorities are representative of community needs. Community input was solicited in the following ways: The Community Health Opinion Survey (CHOS) received input from 1,334 New Hanover County residents. In addition, the CHNA team conducted six community conversations with county residents to gain an understanding of lived experience. A community conversations workgroup made up of members of the stakeholder group chose to hear from specific identity groups who are often underrepresented in data collection. The CHNA team also conducted two data presentations with the stakeholder group and distributed a priority voting survey, which was open to all adults in New Hanover County, to reach consensus on final priorities.

DATA COLLECTION AND COMPARISONS

The CHNA process requires collecting and reviewing two kinds of data: primary data (new data collected from the community) and secondary data (existing statistics collected from external sources). To fulfill the primary data requirement, both quantitative data from in-person and online surveys and qualitative data from community conversations were collected and analyzed.

SURVEY METHODS

A two-pronged approach was used to recruit adults in New Hanover County to participate in the CHOS. The first involved using a cluster-based sampling design to select 450 households from 45 census block groups across New Hanover County. Sampling was informed by median household income, where 15 population-weighted census block groups were selected from low, medium, and high household income groupings, and 10 households were randomly selected within each census block group for a total of 450 households. Households randomly selected received postcard mailers with a postcard number and a survey link. The random sample was then supplemented with an open-to-the-public convenience survey administered using the same survey instrument, which was open for anyone to take even if they did not receive a postcard mailer. The survey was distributed by stakeholders via social media, listservs, businesses, and networks of stakeholders. The survey instrument included 36 questions about personal health, access to care and barriers encountered, substance use and other community health issues, and was open for a period of eight weeks between May 23 to July 15, 2022. Any adult living in New Hanover County was eligible to complete the CHOS. A total of 1,334 eligible responses were received, and only 105 responses came from those who received postcard mailers.

An important consideration is that this process was heavily reliant upon the general community survey, given the low response from the random sample. It was critical for the team to evaluate non-response bias and how well the survey respondent demographics align with county demographics. In general, the respondent demographics were comparable to the demographics of New Hanover County by race, as the data showed roughly 79% of respondents identified as non-Hispanic White and 12% identified as Black or African American. However, only 3% of respondents identified as Hispanic or Latino and women made up 78% of respondents.

The complete CHOS survey instrument and methodology can be found in Appendix 2 and 3.

COMMUNITY CONVERSATION METHODS

Six community conversations were held between May 10 and May 25, 2022. Conversations were conducted in person, via Zoom, and through a hybrid approach and adhered to New Hanover County COVID-19 guidelines. Food was provided for in-person conversations. Attendees were recruited through stakeholder group members' networks and approximately 60 New Hanover County residents participated. Conversations were organized around specific populations, including Latinx community members, Black or African American community members, individuals experiencing homelessness, individuals with disabilities, the LGBTQIA+ community, and older adults. Conversations were mostly held in the morning or evening, and locations were chosen to increase accessibility for community members. One conversation was also facilitated in Spanish. The CHNA team recorded the sessions and took detailed notes, then analyzed the data and identified key themes within and across groups.

Community conversations are a valuable resource that provided insight into the stories and experiences of New Hanover County residents. However, when interpreting this data, it is important to remember that individual experiences are not representative of the entire county. Participation is also limited by residents' busy schedules

and the ongoing pandemic. These conversations provided an opportunity for participants to shed light on their lived experiences, however, there is the chance that due to group dynamics and limited time, not all members are able to fully contribute. Finally, due to time and resource constraints, conversation topics were selected to provide information on high priority areas, even though other topics may be of high importance to the community.

The community conversation facilitation guide can be found in Appendix 2.

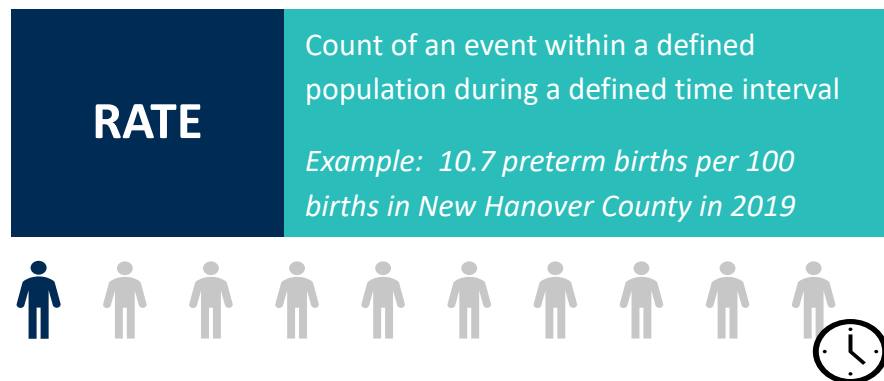
SECONDARY DATA

The secondary data collected for the CHNA included statistics from federal, state, and local sources around topics such as morbidity (illness) and mortality (death) rates for various health outcomes, demographics, education, poverty, health care services, disease tracking, environmental health, and others. The secondary data collected for this report also includes social determinants of health, which are social and environmental factors that influence personal health, health behaviors, and access to health care.

The secondary data collection process involved the comparison of measures from New Hanover County to the state of North Carolina and three peer counties, Brunswick, Buncombe, and Gaston. These peers were selected because of similarities to New Hanover in demographic and community context. Gaston County was chosen as a peer because it has similar population demographics to New Hanover County. Buncombe County is similar in demographics and is similar to New Hanover County in that it serves as a regional service hub serving surrounding counties. As a neighboring county, Brunswick County represents a southeastern NC peer with many residents utilizing shared health systems and services.

To compare across regions and across time, the data are often reported as rates, which show the count of an event within a defined population during a specified time interval (see Figure 3). This allows comparisons over time, even when the size of the population is changing from year to year.

Figure 4. Definition of a rate. Image courtesy of the North Carolina Institute for Public Health



Additionally, since many health conditions are related to age and the different communities may have older or younger populations, an age-adjusted rate is often used. Factoring in the age distribution allows for comparisons of disease burdens across different communities more accurately. Finally, some secondary data are presented as

5-year averages so that events in smaller communities or less frequent events are not distorted by the natural fluctuations of a few people from year to year. For the purposes of this report, 5-year averaged data will be referenced by the final year in the range. For example, the “2019 estimate” of a 5-year average refers to the average of data from 2015-2019. Full date ranges are referenced in figure captions. Alternatively, some secondary data from infrequent events is not aggregated and is suppressed (or withheld) from official reports. Aggregation or suppression is noted where appropriate.

Secondary data is a useful tool for understanding community health at the population level. However, this type of data can be delayed by a few years due to the need to collect, process and analyze data which can be time and

resource intensive. Efforts were made to collect the most recent data available at the time of collection in January 2022, but please be aware of a potential lag between what is happening today in the county and the latest available data. The COVID-19 pandemic has also added to this challenge as data collection, and reporting activities may have been negatively impacted, resulting in delays and interrupted processes. Secondly, the data presented provides an estimation of the true value in the population; while efforts are made to collect data using tools such as outreach and sampling, it is not possible to collect data on every single point of interest for every single resident.

Citations throughout this document refer to general source of the data, for example “U.S. Census Bureau, American Community Survey 5-year Data” with the most recent year of data included. The complete list of secondary data sources, including specific data table numbers and all years accessed can be found in Appendix 5.

PRIORITIES

Choosing community priorities is a crucial step in the CHNA process and enables communities to focus attention and resources to tackle pressing community needs. The prioritization process for the 2022 CHNA began with a review of secondary data trends and data collected from New Hanover County residents via the CHOS and Community Conversations. The NCIPH team conducted two virtual data walk sessions to provide an overview of the findings for stakeholders to discuss. Data was visualized through a Tableau dashboard and NCIPH team members walked stakeholders through the data in small breakout rooms. After the data walks, an online prioritization survey was distributed through stakeholder networks and New Hanover County communication channels for community voting, receiving 468 eligible responses. After community voting, the stakeholder group met for a prioritization meeting, where they discussed community voting results and voted on the top three priorities. The CHNA steering committee considered the feedback from community voting and stakeholder voting and made a final decision on the following priorities: housing, mental health and substance use, and access to care.

New Hanover County Health Priorities

Housing

Mental Health &
Substance Use

Access to Care

CHAPTER 2: DISTRICT PROFILE

HISTORY

New Hanover County is located on the traditional territory of what is known today as the Cape Fear Indians, the Catawba, and Waccamaw people who lived along the Cape Fear River and Lake Waccamaw². Violence, disease, and displacement reduced the Native population in the area by the turn of the 19th century³. Named after the house of Hanover in England, New Hanover Precinct was formed in 1729, gaining county status ten years later in 1739. The land was developed as plantations and enslaved African Americans cultivated tobacco and other commodity crops. The town of Newton, now known as Wilmington, was developed in 1757 to model the city of Philadelphia. Wilmington became the New Hanover County seat in 1739. The Cape Fear River, which borders the county, helped create a thriving economy⁴. By 1860, most of the population was Black, and most of them enslaved. During the civil war, the last major coastal stronghold of the Confederacy took place, the Second Battle of Fort Fisher⁴.

After the civil war, New Hanover County was the home of a thriving Black community. The city of Wilmington's middle class was made up of Black doctors, lawyers, and teachers, councilmen, magistrates, and police officers⁵. This fostered resentment among some White residents. On November 9th, 1898, white supremacist Alfred Waddell led a group of men to the Committee of Colored Citizens to present their demands, the White Declaration of Independence. The following morning, the group of white supremacists led mobs that rioted and attacked the city's Black neighborhoods and residents and overthrew the mayor and city council⁶. Over the next few days, between 60-300 Black residents of New Hanover County were killed. The new government passed a constitution that raised barriers to vote, disenfranchising Black community members. Jim Crow laws were also imposed that reinforced and created inequities that impact the county to this day².

GEOGRAPHY

New Hanover County is located in southeastern North Carolina and is bordered by Pender County to the north, Brunswick County to the west, the Cape Fear River, and the Atlantic Ocean. New Hanover County has a total area of 328 square miles. Of these 328 square miles, 192 square miles is land, and 137 square miles (42%) is water. It is the second smallest county in North Carolina. There are 18 incorporated cities, towns, and census designated places in New Hanover County⁷.

ECONOMY

New Hanover County was formed as an agriculture economy. Plantations grew tobacco and commodity crops. By the late 1700's- early 1800's, New Hanover began to transform into a trading economy due to the proximity of the Cape Fear River. By the time the civil war began, the city of Wilmington became the state's largest town and a major Atlantic port. With the increase in travelers, Wilmington had to evolve to house everyone, but chose to take a different route to traditional boardinghouses. The city began to develop luxury hotels to make travelers "as comfortable as if they were at home." From this, Wilmington's tourism business began⁴.

As of 2020, 17.4% of New Hanover County residents are employed in health care and social services, 13.4% in retail trade, and 12.1% in accommodation and food services⁸. In 2021, the top employers in New Hanover were Novant Health New Hanover Regional, PPD Development LLC, now Thermo Fisher, the University of North Carolina at Wilmington, and the New Hanover County School System⁸.

The North Carolina Department of Commerce assigns County Distress rankings, or tiers, annually. County tiers are calculated using four factors: average unemployment rate, median household income, percentage growth in population, and adjusted property tax base per capita. The 40 most distressed counties are designated as Tier 1, and the 20 least distressed are Tier 3. The tier system is used for various state programs to encourage development in less prosperous areas of the state. The 2022 County Tier Designations ranked New Hanover as a Tier 3 county⁹.

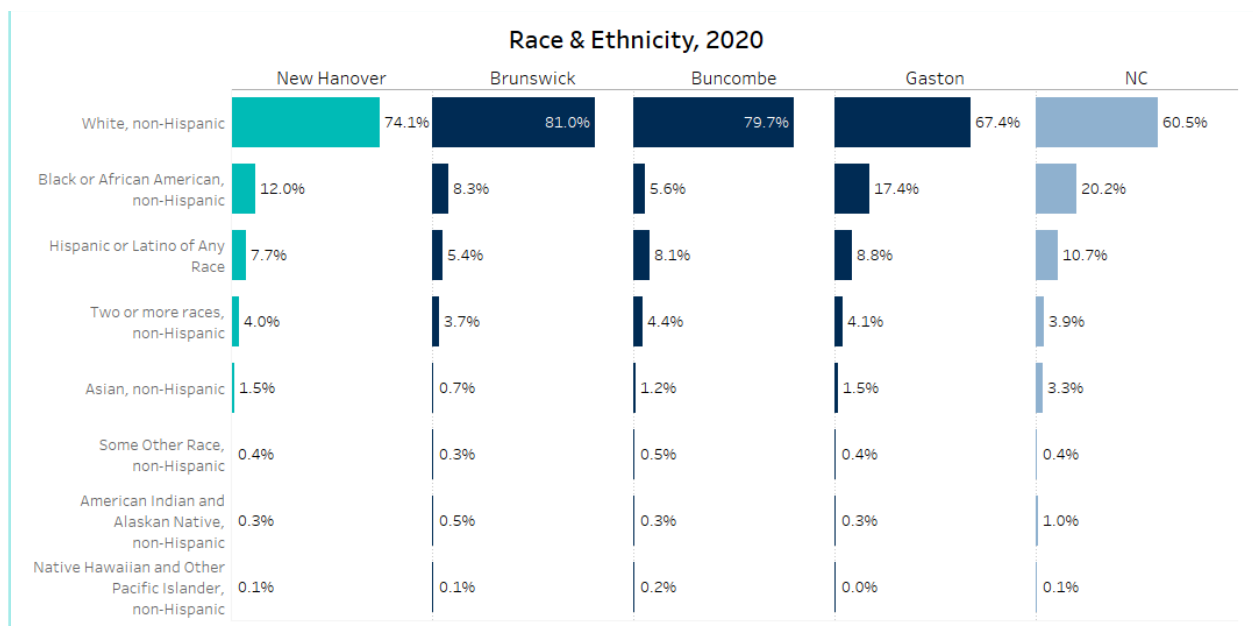
DEMOGRAPHICS

Throughout this report, data from New Hanover County is reported alongside data from the state of North Carolina and three peer counties, Buncombe, Brunswick, and Gaston. These peers were selected because of similarities in demographic characteristics and in rural and urban populations. The NCIPH team compiled data from various national, state, and local sources between February-June 2022.

RACE/ETHNICITY

Based on the 2020 Decennial Census, 74.1% of the New Hanover County population is non-Hispanic white, followed by 12% Black, 7.7% Hispanic or Latino, and 4.0% two or more races. Compared to peers, New Hanover has more racial and ethnic diversity than Brunswick and Buncombe but is less diverse than Gaston County. Close to 80% of Brunswick and Buncombe are White, non-Hispanic, with 8.3% Black and 5.4% Hispanic in Brunswick, and 5.6% Black and 8.1% Hispanic in Buncombe. Only 67.4% of the population in Gaston is White, while 17.4 % is Black and 8.8% is Hispanic¹⁰.

Figure 5: Race and Ethnicity Distribution. Source: U.S. Census Bureau. 2020 Decennial Census: Table P2



GENDER AND AGE

New Hanover's sex ratio is similar to the state, at 52.4% female and 47.6% male. However, there is a greater percentage of 18–24-year-olds, at 12.5% than the state and peers¹¹.

VETERANS

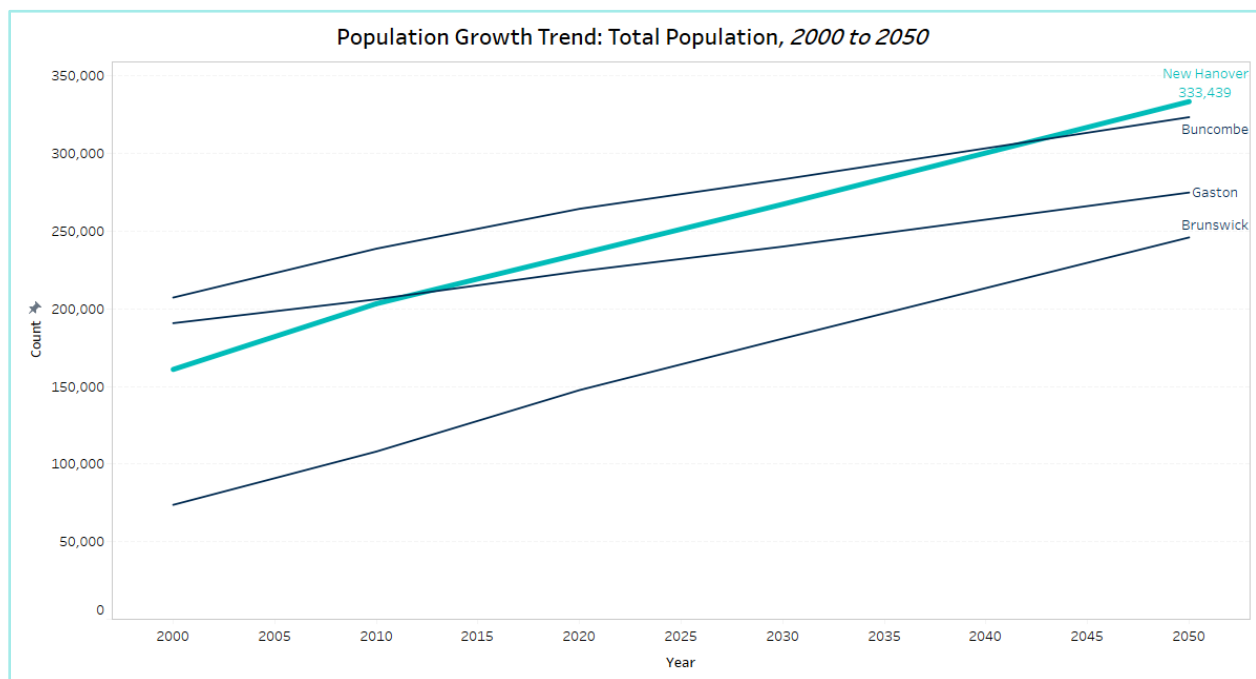
The veteran population in New Hanover is very similar to that of the state, at 7.8% in New Hanover and 8.2% in the state overall. In New Hanover, Veterans make up less than 10% of the population, lower than Brunswick and similar to the state and peers. 52% of New Hanover's veterans are 65 years or older¹².

POPULATION GROWTH

POPULATION SIZE

New Hanover County has grown steadily since 2000 and growth is forecasted to continue through 2050. New Hanover's population size of 225,702 is most comparable to Gaston County and is larger than Brunswick but smaller than Buncombe. The rate of growth is comparable to Brunswick and higher than Buncombe and Gaston¹³.

Figure 6: Population Growth Trend. Source: NC Office of State Budget and Management, County/State Population Projections



BIRTH RATES

Birth rates across all races are declining in New Hanover, peer counties, and the state. From years 2010–2020, the birth rate in New Hanover County has decreased from 12.4 live births per 1,000 people to 9.8 live births per 1,000 people. New Hanover County birth rate trends are most like Buncombe County¹⁴.

IMMIGRATION

New Hanover saw a growth in immigrant communities entering the United States from 2010 or later, with a simultaneous drop in the community of immigrants entering from 2000 to 2009. Counts of recent immigrants in New Hanover County are similar to Buncombe and higher than Gaston and Brunswick¹⁵.

LIFE EXPECTANCY

Life expectancy reflects the length of life expected for babies born in the given year. The life expectancy in New Hanover County is 79 years, which is consistent across peers and the state. Broken down by sex and race, life expectancy is higher among females and lowest among African Americans¹⁴.

HOUSEHOLD LANGUAGE

92.4% of New Hanover County and peer counties speak only English at home. Spanish is the most common non-English language, spoken in roughly 3.7% of homes in New Hanover and Brunswick, while other peer counties have a higher percentage of Spanish-speaking households¹⁵.

URBAN/RURAL

New Hanover County is much more urban and denser than the peer counties, with over 1,000 people per square mile and only 2% of the population living in rural areas¹⁶.

VULNERABLE POPULATIONS

Age, language barriers, socioeconomic status, chronic disease, disability, veteran status, and incarceration can influence the physical, emotional, social, and economic wellbeing of a population. These factors can increase the population's risk for certain health conditions, as well as their vulnerability to a public health emergency, and leaves certain groups underserved in a community. One of the purposes of a CHNA is to identify the populations at risk within the community and address the disparity in health outcomes they may face. Below is an overview of these populations within the New Hanover community. More detail about people living in poverty is provided below in the Economic Opportunity section.

PEOPLE LIVING IN POVERTY

Poverty limits people's access to quality housing, childcare, food, transportation, and other factors that support health and wellness. Low income and low wealth mean that families are more vulnerable to economic setbacks and have little extra to invest in education, recreation, and other things that benefit long-term health. In New Hanover County, 14.6% of people live below the federal poverty level¹².

PEOPLE WITH LIMITED ACCESS TO RESOURCES

Many barriers to resources exist for people living in New Hanover County which stems from geographic, systemic, and historical factors. Residents of New Hanover County are limited by a lack of public transportation. Without a streamlined transportation service, many residents require multiple buses to get across the county, acting as a barrier to healthcare appointments. Low-income residents experience this barrier as well, with the public transportation system being costly.

CHAPTER 3: ASSESSMENT FINDINGS

OVERVIEW

Data collected from primary and secondary sources were analyzed for this assessment and summarized in nine data categories, with the community priority areas highlighted in the linked buttons below. While summarizing the data in categories supports understanding and usability of this report, it is with the recognition that the health outcomes and conditions that support or impede health are complex and interrelated. Multiple years of data were analyzed from most secondary data sources, and data trends are described in the assessment findings that follow.

Click buttons below to jump to any section:

Neighborhood & Environment	Housing	Lifelong Development
Community Cohesion & Safety	Economic Opportunity	Access to Care
Disease, Illness & Injury	Reproductive & Child Health	Mental Health & Substance Use

COMPARISON TO HEALTHY NORTH CAROLINA 2030

The Healthy North Carolina 2030 project is an initiative by the North Carolina Institute of Medicine to serve as the population health improvement plan from 2020 to 2030. This framework includes a set of indicators and targets that provide local health departments as well as the North Carolina Division of Public Health with a set of shared goals to drive activities that support health and well-being across the state¹⁷. Healthy North Carolina (HNC) 2030 goals are referenced throughout this assessment with a HNC 2030 progress update that indicates whether each goal was met (**GREEN**) or not met (**RED**) in New Hanover County as measured by the most recently available data.

NEIGHBORHOOD AND ENVIRONMENT

The spaces in which people live, work, and play contribute to the health outcomes of community members. According to the County Health Rankings Model, physical environment alone accounts for 10% of overall health factors¹⁸. This section will discuss aspects of the built and natural environment in New Hanover County, as well as access to environmental resources within the community.

AIR POLLUTION

Air quality in New Hanover is generally good. Between the years 2016-2020, there were no Physical Environment reported days where the air quality was considered unhealthy, very unhealthy, or hazardous. The number of days

where air quality was good increased in 2019 and 2020 compared to 2018¹⁹. Particulate Matter (PM) is a mixture of solid particles and liquid droplets found in the air that can be inhaled and cause serious health issues¹⁹.

PM10 are particles 10 micrometers or smaller and PM2.5 are generally 2.5 micrometers or smaller and pose the greatest health risk. The number of days in the year that PM2.5 was the main pollutant in New Hanover decreased from 175 days in 2017 to 128 days in 2018 and has remained steady since. PM10 was never the main pollutant in New Hanover between the years 2017-2020. When compared to Buncombe, New Hanover has consistently had fewer days in the year when PM2.5 is the main pollutant since 2017²⁰.

HOME SERVICES

As of 2020, 87.7% of households in New Hanover had an internet subscription. This number has been increasing slightly over the years since 2017, when it was at 81.9%. These numbers are similar to that of Brunswick County. Gaston and Buncombe Counties are slightly lower with 82.2% in Buncombe and 83.5% in Gaston¹².

Households generally get their water from a Community Water System, which is defined by the EPA as a public water system that supplies water to the same population year-round. In New Hanover, 74.3% of homes were served by Community Water as of 2015, as opposed to private or individual water sources such as residential well or cisterns. This is lower than all peer counties except for Buncombe County at 62%²¹.

TRANSPORTATION & PHYSICAL ACTIVITY OPTIONS

Transportation is the extent to which community members can travel around their community, and influences access to key resources such as food, healthcare, and employment. Participants in Community Conversation would like to see more robust public transportation available in the county. They felt public transportation was too expensive, especially for those experiencing homelessness, and described needing to take multiple buses to travel within the county, which can be a barrier to keeping healthcare appointments.

Approximately 80% of residents in all counties as well as the state drive alone to work. In New Hanover, 79.4% drive alone to work, which is almost the same as the state at 79.3%. The other two most selected options were working from home and carpooling, which were 10.5% and 7.0% in New Hanover respectively. This is similar to peers and the state with the exception of only 4.4% of residents in Gaston County working from home¹².

CHOS RESULTS

Access to physical activity and nutritious foods can both have impacts on the overall health of a community. Community Health Opinion Survey Respondents were asked about the availability of both in New Hanover County.

PHYSICAL ACTIVITY

Exercise is defined as having an elevated heart rate for 10 minutes. Among respondents, 79.8% exercise for at least 10 minutes in a week. The most common types of exercise are walking at 82.4%, followed by yard work at 40.7%. 25.6% of respondents stated they are active 5 or more days per week, with 42.4% exercising for at least 30 minutes on a typical day. This means that more than half of respondents receive at least 150 minutes of exercise within a typical week. Of those who exercise, the majority are active at home or in their neighborhood; however, 80% of respondents shared at least one barrier that prevents them from being as active as they would like to be. The primary barriers listed were lack of time at 44.4% and lack of motivation at 41.6%.

NUTRITION

Nutrition experts recommend adults eat 2 cups of fruit and 3 cups of vegetables every day. Respondents were asked how often they meet these recommendations, and if not, why not. Just over half of respondents reported eating 2-3 servings of vegetables in a typical day at 54.3%, and 13.7% reported eating 4 or more. Respondents reported less fruit consumption, with 44.6% eating 2-3 servings in a typical day and 37.5% eating only 1. High cost of produce (26.7%) and the availability of less healthy and more affordable options (21.09%) were the primary reasons listed for why respondents don't meet the recommended fruit and vegetable consumption.

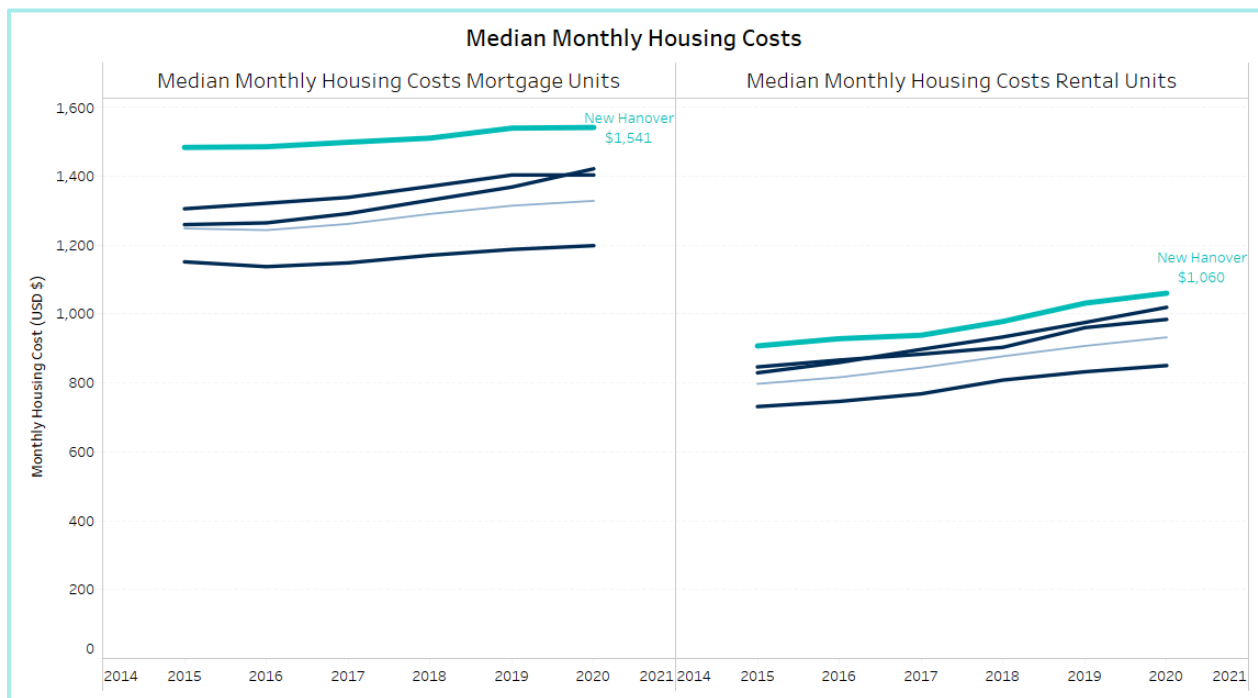
HOUSING

Many factors related to housing affordability and quality can negatively impact health outcomes, including poor air quality, lack of safety, limited space per individual, high cost, and homelessness, among others. Those who are most likely to experience these impacts are children and older adults²².

HOUSING DENSITY

The total number of households in New Hanover as of 2020 was 97,998, an increase of about 10,000 from 2015. This is less than Buncombe County but more than Gaston and Brunswick Counties, with Brunswick having only 59,416 in 2020. New Hanover has 2.29 persons per household, which is lower than all peer counties as well as the state. The county is similar to peers in terms of household density, with 99% of households having 1.0 or less occupants per room¹². The percentage of householders who are 65 years of age and older and living alone has increased in recent years from 10.5% in 2015 to 12.9% in 2020¹².

Figure 7: Median Monthly Housing Costs. Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04



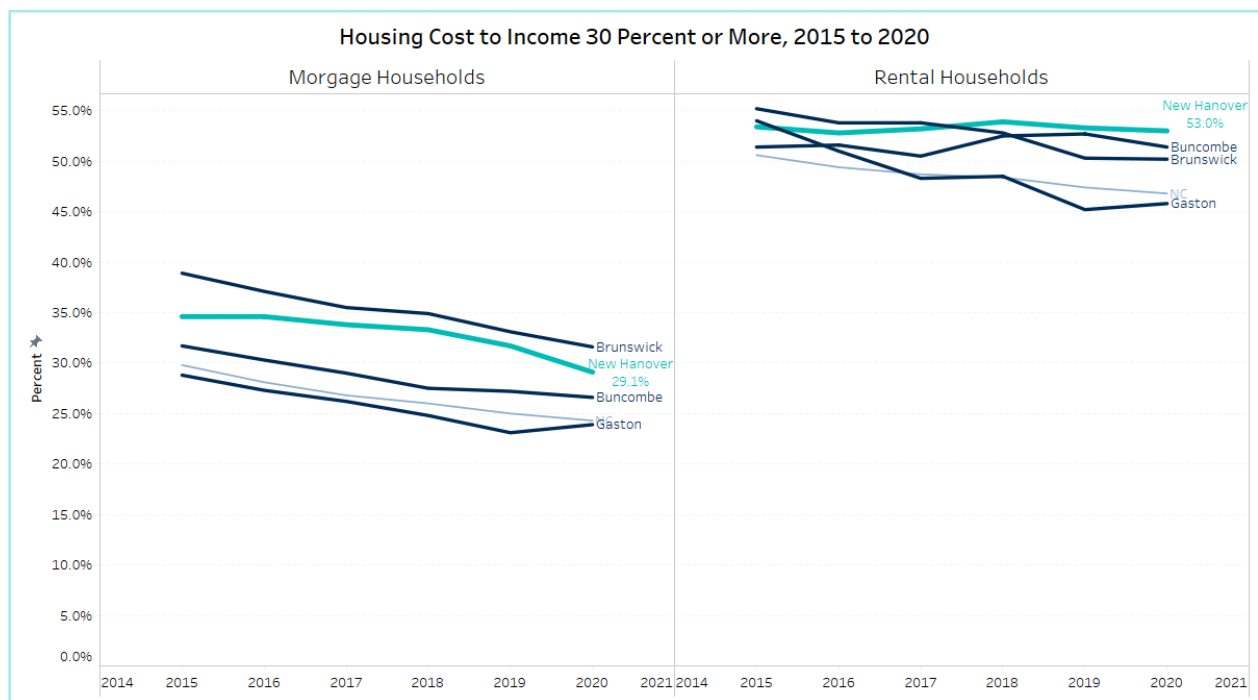
HOUSING TRENDS

Housing occupancy in New Hanover has remained steady since 2015 with 85% of housing units being occupied. This trend is similar to Gaston and Buncombe who had a steady trend of 88%, with Gaston increasing slightly to 90.8% in 2020 and Buncombe decreasing to 83.6%. Housing occupancy in Brunswick County is much lower at approximately 62%¹². Owner-occupied households are more common than renter-occupied in all counties as well as the state; however, New Hanover has the lowest percentage of owner-occupied units by comparison. In New Hanover, 58.4% of housing units are owner-occupied and the other 41.6% are renter-occupied. In comparison to peer counties, New Hanover has a much lower percentage of owner-occupied units, with Gaston, Buncombe, and the state all averaging approximately 65% owner-occupied and in Brunswick 80.9%¹².

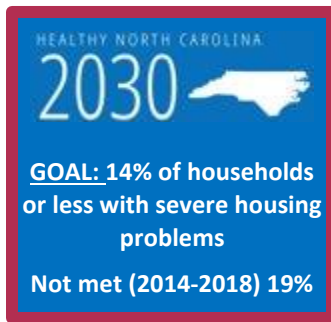
HOUSING COSTS

Housing costs in New Hanover are on the higher end. This was discussed as a concern during community conversations, and nearly 70% of CHOS respondents disagreed that they could find affordable housing. The monthly costs for housing are higher than peer counties, specifically for those who own their home. Spending more than 30% of monthly income on rent is considered a cost burden. The median monthly cost for a mortgage is \$1,541 as of 2020, and 29.1% of homeowners are spending 30% or more a month on housing. Median costs for renting are significantly lower; however, they have been increasing in recent years. The median monthly housing cost for a rental unit was \$907 a month in 2015 and increased to \$1,060 a month in 2020. Although these costs are lower than homeowner's costs, 53% of renters spent over 30% of their monthly income on housing in 2020¹².

Figure 8: Household Cost to Income Percent. Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table DP04



HOMELESSNESS & SEVERE HOUSING PROBLEMS

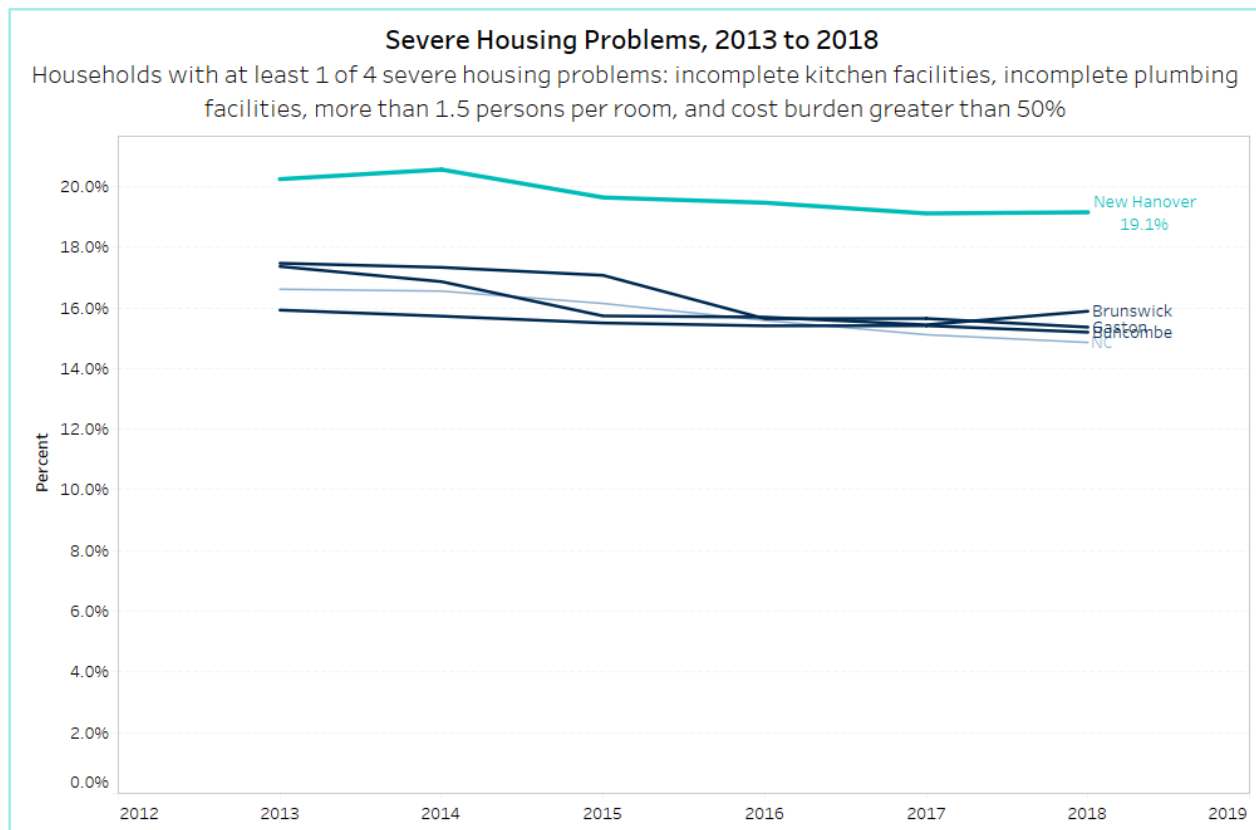


Data on homelessness is collected for a combined region that includes New Hanover, Brunswick, and Pender Counties. The annual point-in-time (PIT) count for people experiencing homelessness in the three counties combined declined from 9.8 per 10,000 people in 2016 to 7.0 per 10,000 people in 2021. When broken down by race and ethnicity, the rate has remained higher for African Americans since 2015, with 25.9 per 10,000 people experiencing homelessness in 2021²³. While generally recognized as an undercount of the “true” number of people experiencing homelessness, the PIT is a count of all people living in shelters or transitional housing facilities or in unsheltered locations on a single night in January. It does not include people “doubled up” with family or friends or those living in a hotel/motel.

Participants in every community conversation group expressed a need for more affordable housing in the county, especially for low-income individuals. Older adults, individuals experiencing disabilities, and LGBTQIA+ individuals cited a specific need for housing within their communities. Individuals experiencing homelessness described many barriers to securing housing, including unaffordable rent prices and expensive housing application fees.

Severe housing problems are defined as incomplete kitchen facilities, incomplete plumbing facilities, having more than 1.5 persons per room, and a cost burden greater than 50%. In New Hanover, 19.1% of households have at least one of four severe housing problems. This is higher than peer counties and the state, all of which have approximately 15% of households with one of four problems²⁴.

Figure 9: Severe Housing Problems. Source: U.S. Department of Housing and Urban Development (HUD), CHAS Data



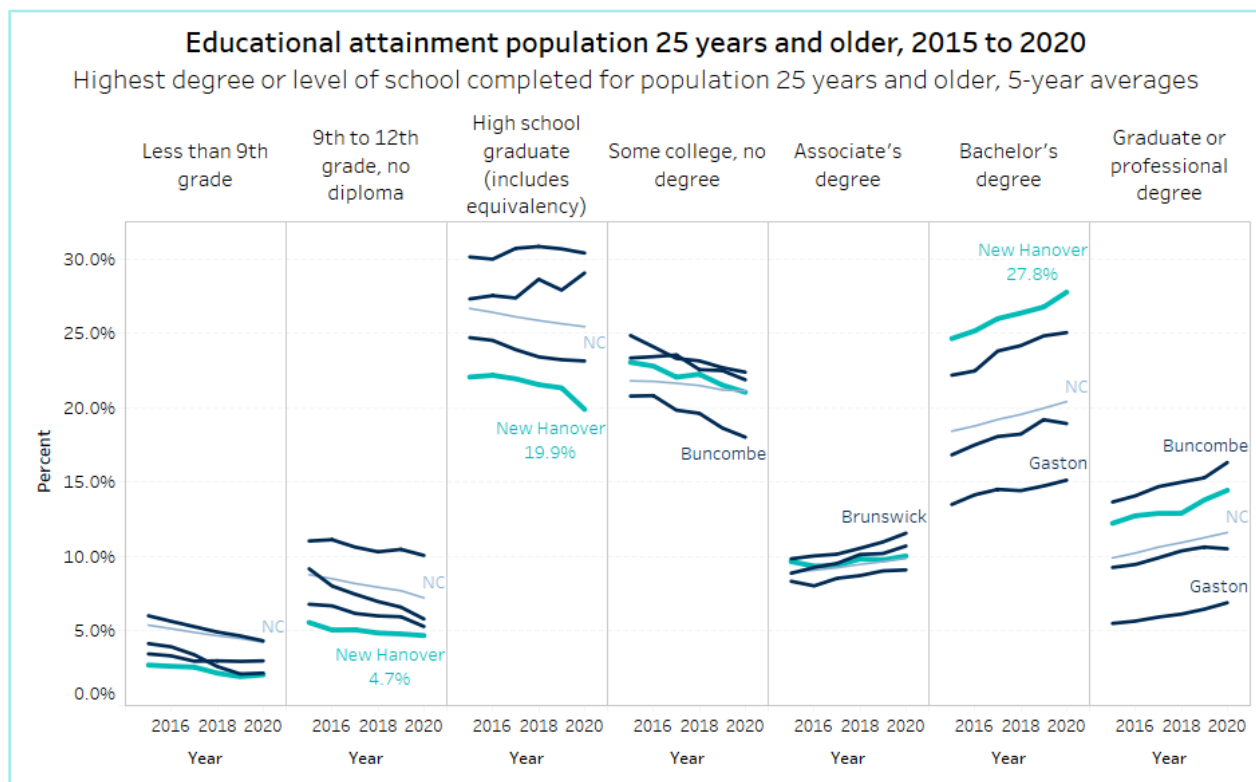
LIFELONG DEVELOPMENT

Lifelong development includes educational enrollment, performance, environment, and outcomes. Higher educational attainment is linked to better mental and physical health outcomes through increased employment opportunities, higher income, and health literacy. Educational opportunities can also reduce inequalities and support human development.

EDUCATIONAL ATTAINMENT

When compared to peer counties, New Hanover County has the lowest percentage of adults aged 25 or older with a high school diploma or less as their highest level of school completed, and the highest percentage of individuals with a Bachelor's degree as their highest level of school completed at 27.8%. Among community health opinion survey respondents, 31% had a college degree and 35.7% a graduate or professional degree. The percentage of adults with a high school degree as the highest level of education completed has decreased in recent years from a five-year average of 22.1% in 2016 to 19.9% in 2020, while the percentage of those with at least a Bachelor's degree or graduate degree has increased during those same years. These trends are similar across all peer counties as well as the state¹².

Figure 10: Educational Attainment. Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1501



SCHOOL ENROLLMENT

The number of students enrolled in public school between 2004 and 2021 has remained relatively stable at right around 25,000 students. Enrollment trends have also remained constant in peer counties during the same time period; however, the numbers vary significantly. Buncombe enrollment is similar to that of New Hanover, while Gaston County is higher at just over 30,000, and Brunswick County and Asheville City Schools have lower enrollment numbers at approximately 12,000 and 4,000 respectively²⁵.

The drop out trend in New Hanover is much lower than all peer counties and has been steadily decreasing since 2016. It has gone from a rate of 1.65 per 100 students for the 2015-2016 school year to 0.93 per 100 students for the 2019-2020 school year. Brunswick County as well as the state have also seen steady downward trends since 2016, while other peer counties have had more unstable trends in drop out rates²⁵.

SCHOOL DISCIPLINE

Short term suspensions in New Hanover County are lower overall than peer counties, whereas rates of long-term suspensions are fairly similar. In the 2020-2021 school year, the short-term suspension rate in New Hanover was 0.8975 per 10 students. When breaking down by race, Black students are more likely to receive suspensions, both short-term and long-term, as well as expulsions. The rate of short-term suspensions for Black students in the 2020-2021 school year was 2.9456 per 10 students compared to 0.3740 per 10 white students. Male students and economically disadvantaged students also have higher suspension and expulsion rates²⁵.



SCHOOL PERFORMANCE

Improving third grade reading proficiency is one of the indicators for HNC2030. The 3rd grade reading level in New Hanover is 61.6%, which means that about 60% of 3rd grade students read at a 3rd grade level or higher. This number is higher than peer county school districts and the state average, with the exception of Asheville City Schools that have a 3rd grade reading level of 69.9%²⁵.

High school graduation rates have been increasing in all counties as well as the state since 2015. The percentage of students graduating high school in New Hanover in the 2019-2020 school year was 88.1%. This percentage was higher for females (91.1%) than males (85.2%). When comparing by race, 93% of white students graduated high school in 2020 compared to 78% of Black students and 81% of Hispanic students²⁵.

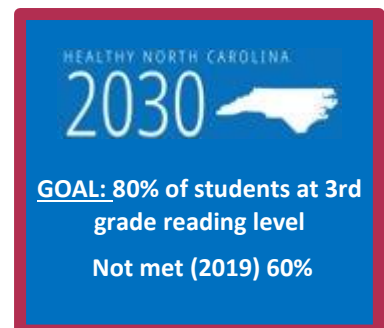
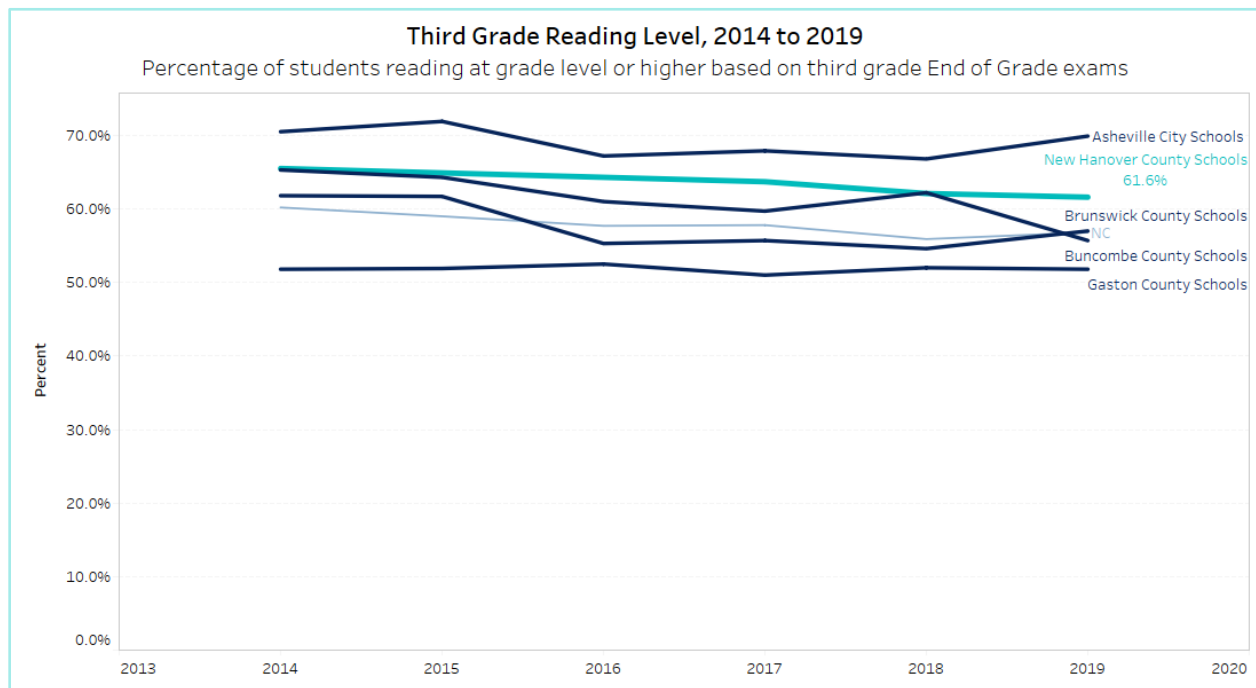


Figure 11: Third Grade Reading Level. Source: North Carolina Department of Public Instruction. NC School Report Cards (SRC).



COMMUNITY COHESION & SAFETY

Community cohesion refers to the social networks, trust, and collective ability to bring about change in a community. Strong relationships and solidarity among members of a community can lead to improved health outcomes by supporting each other to commit to healthy behaviors and by reducing emotional stress. Conversely, social isolation can be detrimental to health and increases mortality²⁶. Respondents of the CHOS were asked to respond to several community statements, and they had the strongest agreement with New Hanover being a good place for social connection, raising children, and growing old. In the following section, community cohesion refers to linguistic isolation, civic participation, incarceration, and crime rates.

LINGUISTIC ISOLATION AND SEGREGATION

The majority of households in New Hanover County are English speaking only, with 7.6% speaking a language other than English. These numbers are similar to peer counties, with the state average of English speaking only households being the lowest at 88.4%. Of the households in New Hanover speaking languages other than English, 14% are considered limited English-speaking households¹². This is defined as a household where all members 14 years and older have at least some difficulties speaking English.

Community conversation participants expressed a desire for better access to English literacy classes in the county, including classes held outside of work hours and with childcare options provided.

The percentage of Spanish-speaking households in New Hanover that are limited English speaking has decreased from 31.0% in 2016 to 18.3% in 2020. Brunswick, Gaston, and the state have all seen similar trends, while Buncombe County has remained steady in recent years and is also the highest at 34.2%. Among households speaking Asian and Pacific Island languages and Indo-European languages, 19.3% and 5.9%, respectively, were considered limited English speaking.¹²

CIVIC PARTICIPATION

In New Hanover, 77% of registered voters are white, 11.2% are Black and 1.9% are Hispanic or Latino. This is similar to county demographics. When broken down by age, 38.6% of registered voters are between the ages of 41 and 65, 12.8% are 18-25 and 25.2% were between 26-40 years of age²⁷. In the November 2020 election, 75% of registered voters in New Hanover County voted. The percentage of registered voters who voted by race, ethnicity, age, and sex is similar in New Hanover as it is in peer counties and the state. Approximately 60% of young voters ages 18- 40 voted, while 81% of voters ages of 41-65 voted. About 77% were white voters, 63% Black were African American, and 60% identified as Hispanic or Latino²⁷.

INCARCERATION

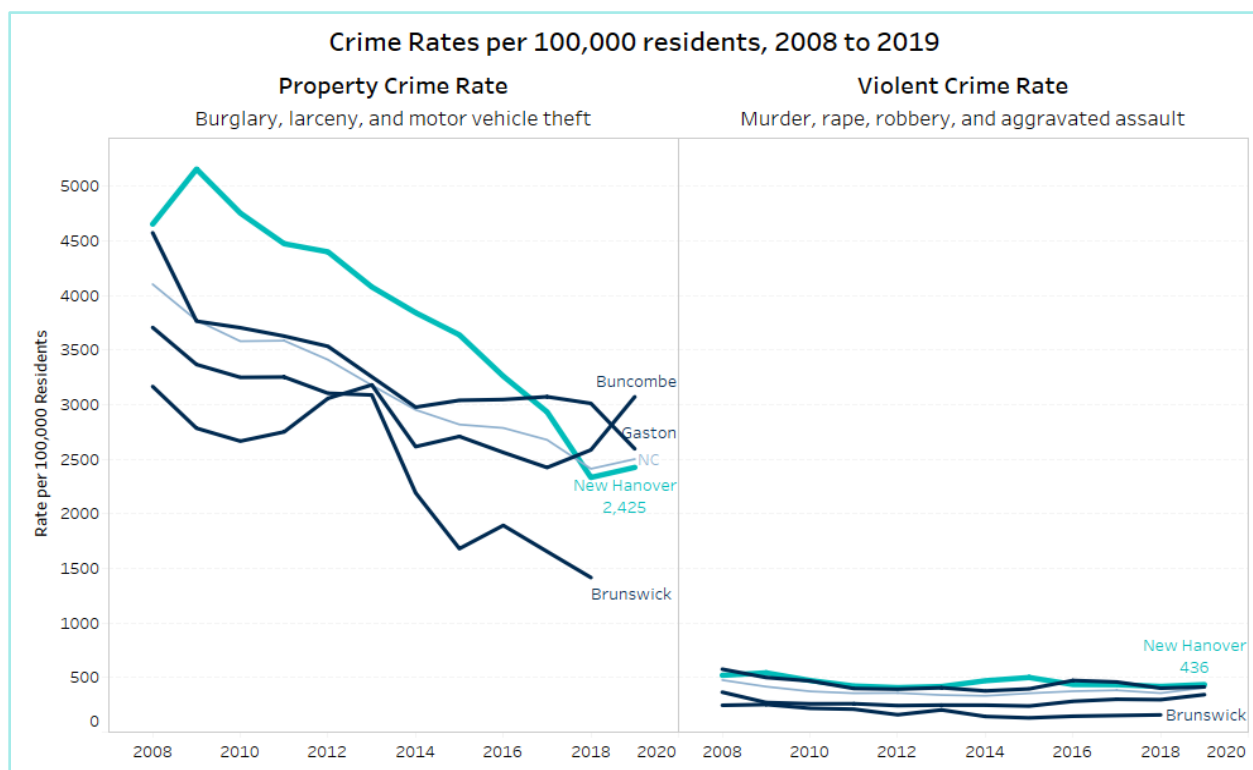
In New Hanover County as well as peer counties and the state, the overall rate of incarcerated individuals decreased between 2016 and 2020. In New Hanover, this number went from 416 per 100,000 residents, to 334 per 100,000 residents. These numbers are very similar to Gaston, while Buncombe had a rate of 268 per 100,000 residents in 2020 and Brunswick was 222 per 100,000 residents²⁸.



CRIME RATES

The index crime rate, a combined rate of property and violent crime, has decreased in the years 2008-2020 in New Hanover. Property crime, including burglary, larceny, and motor vehicle theft, has decreased from 5,158 to 2,333 per 100,000 residents from 2009 to 2018, with a slight increase in 2019. Violent crimes, including murder, rape, robbery, and aggravated assault, have decreased from 501 to 436 per 100,000 residents between 2015 and 2019²⁹.

Figure 12: Crime Rates. Source: North Carolina State Bureau of Investigation, North Carolina Uniform Crime Reporting (UCR) Program

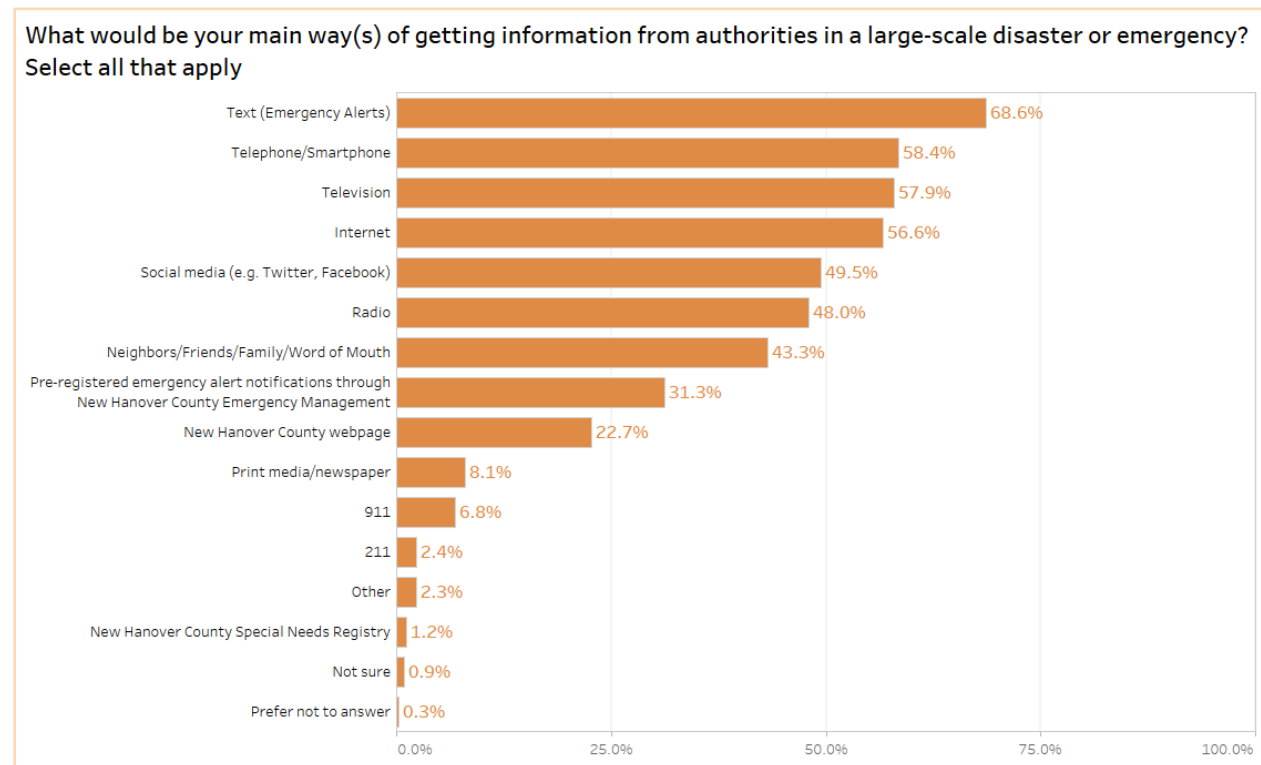


CHOS RESULTS

EMERGENCY PREPAREDNESS

Being prepared for an emergency is another crucial element of safety, and respondents of the community health opinion survey were asked questions to determine the level of emergency preparedness throughout the community. 61% of respondents have a basic emergency supply kit, with 54.3% of those kits having enough supplies for 3-6 days and 24.4% having enough for 7-13 days. These emergency kits include water, non-perishable food, necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, and blankets, among other items. Having a kit was more common among white respondents as well as those making \$50,000 or more in income. Respondents also reported the ways in which they receive information regarding emergencies in the community. Emergency text alerts are the most frequent source of emergency information at 68.6%, followed by smartphones, television, and internet. 27.7% of respondents said they would evacuate if asked to do so, and those responding that they would not evacuate listed concerns about leaving property and pets behind.

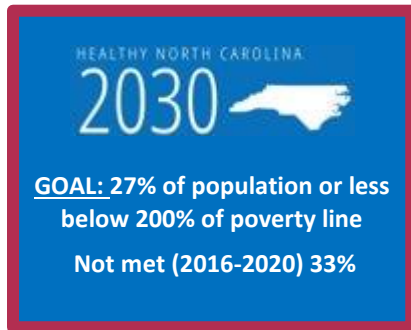
Figure 13: Emergency Preparedness Information Sources. Source: 2022 New Hanover County Community Health Opinion Survey



ECONOMIC OPPORTUNITY

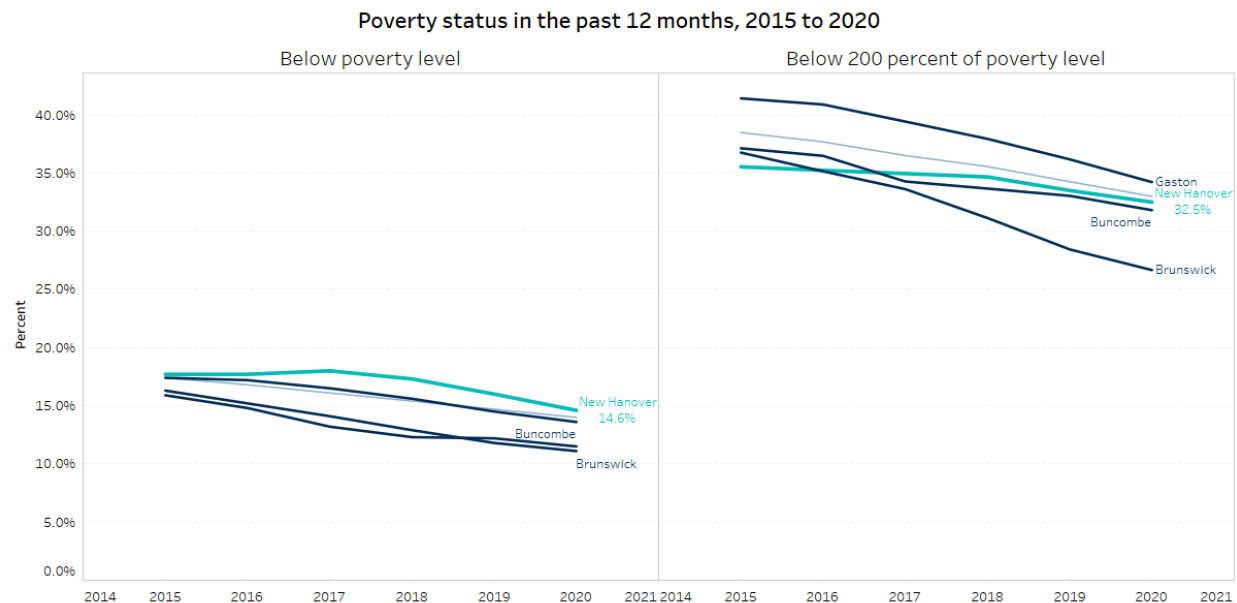
Economic opportunity within a community can have a direct impact on health outcomes. Employment is often a primary source of access to health insurance, and having a stable income can increase a person's ability to access safe housing, make healthy food choices, and accumulate savings that can help in times of emergency³⁰.

POVERTY



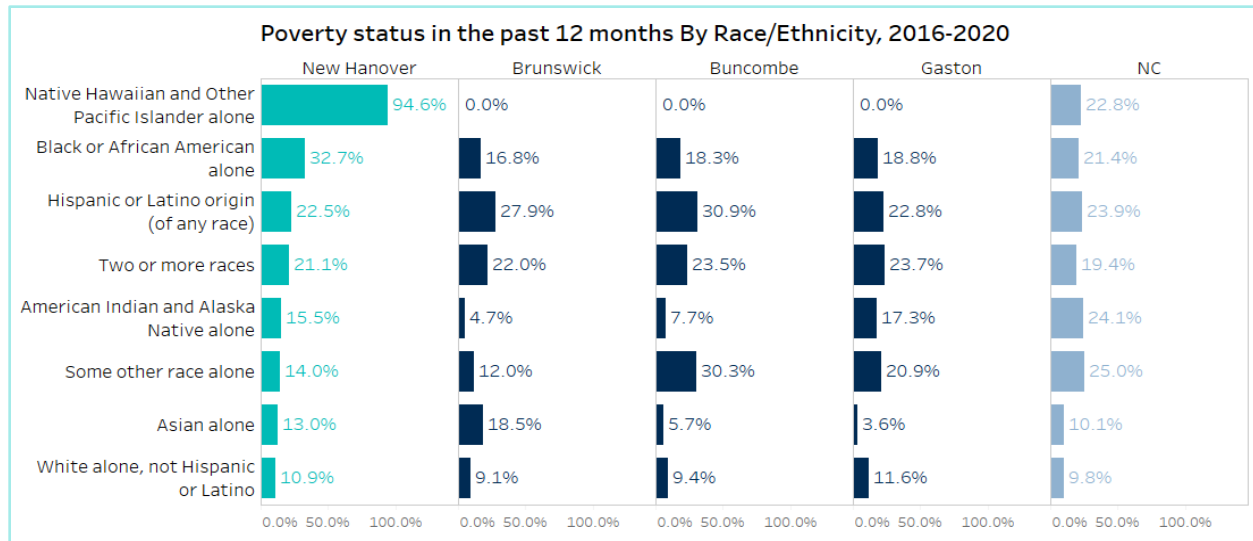
The number of residents living below the poverty level in New Hanover has stayed relatively stable in recent years. The five-year average from 2016-2020 shows that 14.6% of New Hanover residents were living below the poverty level, but 32.5% were living below 200 percent of the poverty level. These trends are very similar to peer counties, with the exception of Brunswick where there was a more significant decrease in those living below 200% of the poverty level between the years 2017 and 2020¹².

Figure 14: Poverty Status. Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701



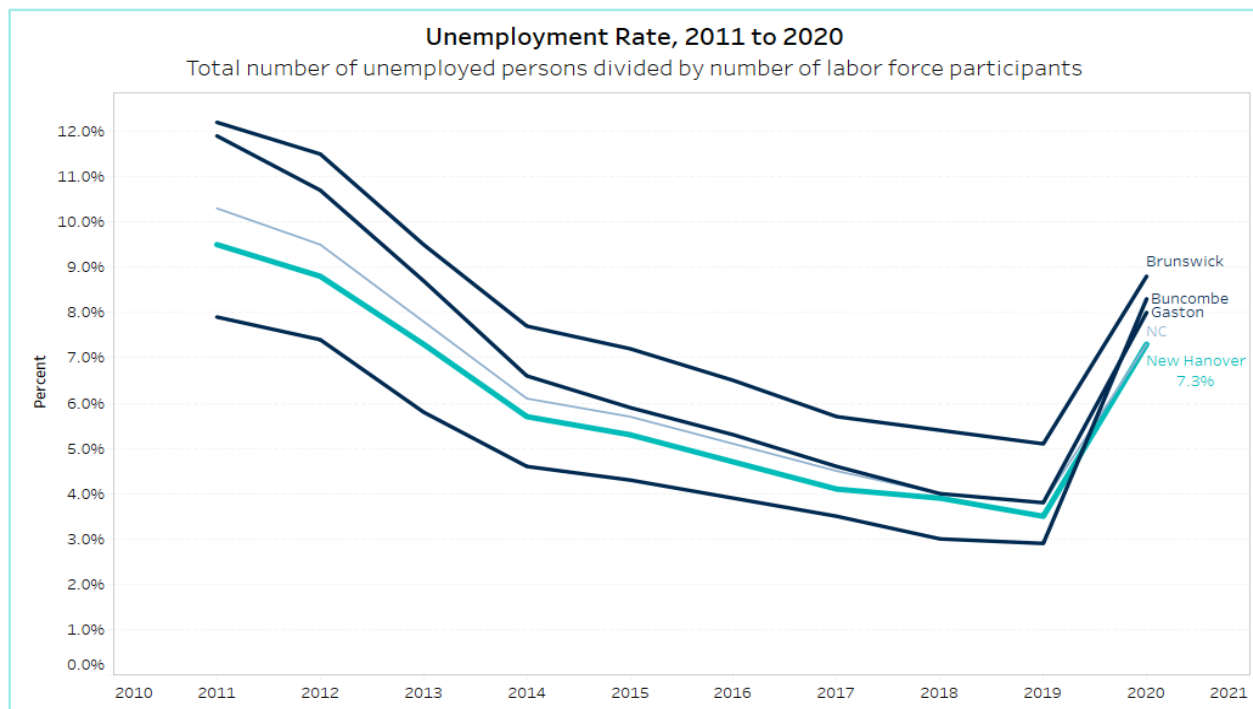
Breaking down by race and ethnicity reveals inequities for those living in poverty. In New Hanover, 94.6% of the residents living in poverty are Native Hawaiian. This is much higher than all other races, however there are still disparities for other. 32.7% of Black residents, 22.5% of Hispanic or Latino residents, and 15.5% American Indian or Alaskan Native residents are also living in poverty. Age also reveals disparities for those living in poverty, specifically among minors. In New Hanover, 18.0% of residents under 18 years of age and 16.3% of residents under 5 years of age are living in poverty, while only 8.4% of those 65 or older are in poverty. This is similar to peer counties and the state, however in all counties except Buncombe the percent of those under 5 living in poverty is more than 20.0%¹².

The number of families living below the poverty level in New Hanover has been on a decline since 2015. As of 2020, 8.4% of families were living in poverty, down from 11.4% in 2015¹². This is lower than Gaston County and the state average of 10%, but higher than Buncombe and Brunswick.

Figure 15: Poverty Status by Race and Ethnicity. Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1701

EMPLOYMENT

The unemployment rate in all counties and the state had been steadily decreasing since 2011 and then sharply increased in 2020. It is likely that the COVID-19 pandemic had a significant impact on this increase. The unemployment rate in New Hanover increased from 3.5% in 2019 to 7.3% in 2020. This trend is similar to peer counties. In New Hanover and Buncombe, over 90% of residents work within their county of residence¹². This is much higher than in peer counties and the state.

Figure 16: Unemployment Rate. Source: North Carolina Department of Commerce, Labor & Economic Analysis, Local Area Unemployment Statistics (LAUS). Download period = Annual Average.

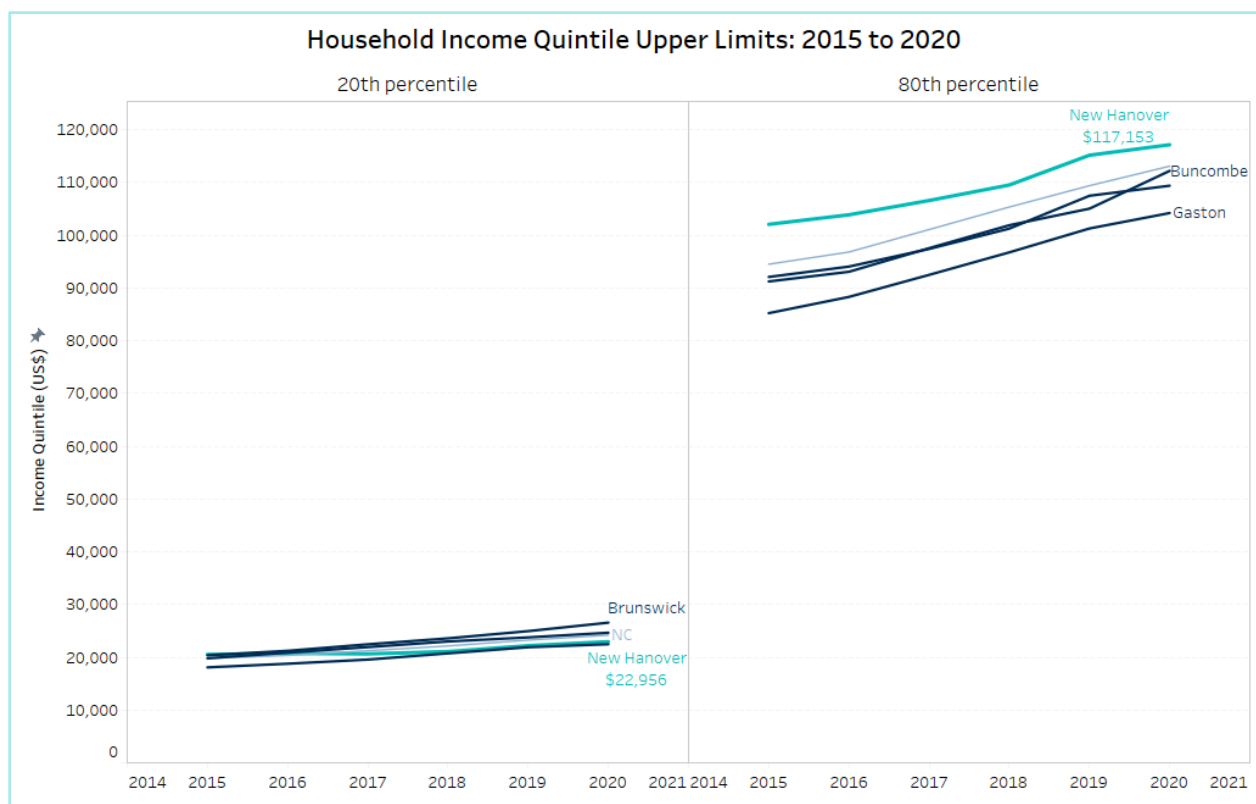
About 17% of workers in New Hanover are employed in health care and social assistance, followed by 13% in retail trade and 12% in accommodation and food services. The top employers in New Hanover in 2021 were Novant Health New Hanover Regional Medical Center, PPD Development LLC, the University of North Carolina at Wilmington, and the New Hanover County School System.

INCOME

Both median household income and per capita income have been increasing in recent years across all counties and the state. In New Hanover, median household income has risen from \$50,088 in 2015 to \$56,689 in 2020, and per capita income from \$29,880 in 2015 to \$36,324 in 2020. Median household income is higher than peers with the exception of Brunswick at \$59,763 and per capita income is higher than all peers¹². Over 70% of survey respondents made \$50,000 or more in household income before taxes, and 55.3% listed lack of sufficient income as factor impacting the health of the community. The median household income in New Hanover is estimated around \$57,000.

The household income at the 80th income percentile has increased more in recent years than the household income at the 20th percentile in New Hanover and peer counties. Household income in the highest quintile (80th percentile) is increasing more than incomes in the lowest quintile (20th percentile).¹² This implies that household incomes among the wealthiest 20% of New Hanover County residents is increasing, while household income has only marginally increased among the lowest 20%.

Figure 17: Household Income Quintile Upper Limits. Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table B19080



FOOD SECURITY

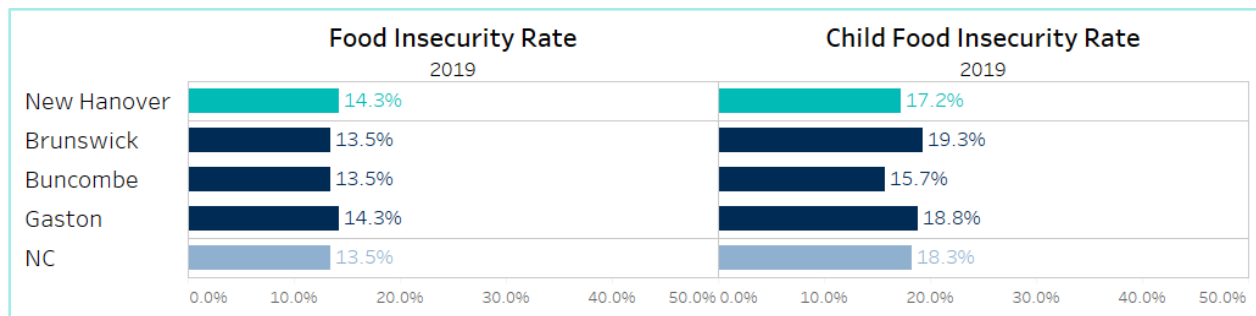


The Supplemental Nutrition Assistance Program (SNAP) is a food assistance program that provides low-income families the food they need for a nutritionally adequate diet. In recent years, the percent of households receiving SNAP benefits has decreased in New Hanover and all peer counties. It is lowest in Buncombe County at 7.7%, followed by New Hanover at 8.6% as of 2020. The state average is 12.0%¹².

When broken down by race, 48.6% of households receiving SNAP benefits are white and 45.1% are Black. Given that 12% of residents in New Hanover are Black, this suggests that Black community members are disproportionately impacted by poverty and food insecurity. These numbers are similar to the state but vary compared to peer counties. In peer counties, between 65-75% of residents on SNAP benefits are white and approximately 20% are Black.¹²

Residents in New Hanover who had low-income and low access to a grocery store was at 8.8% in 2019. Only 1.1% of households had no car and low access to a grocery store³¹.

Figure 18: Food Insecurity. Source(s): Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. *Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018.* Feeding America, 2020; Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2021). *Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019.* Feeding America.



Child food insecurity has seen a slight decrease in all peer counties as well as the state between 2018 and 2019; however, it remains a concern. In 2019, 17.2% of children in New Hanover were food insecure³². This is higher than all peers and the state except for Brunswick County. During the 2018-2019 school year, 59.4% of students in New Hanover County schools were enrolled in the free or reduced price lunch program which is very similar to the state total³³.

Participants across community conversations highlighted the need for better access to healthy food, specifically near the food desert in the Northside community in Wilmington. Participants also expressed a desire for more nutrition information to be available in Spanish.

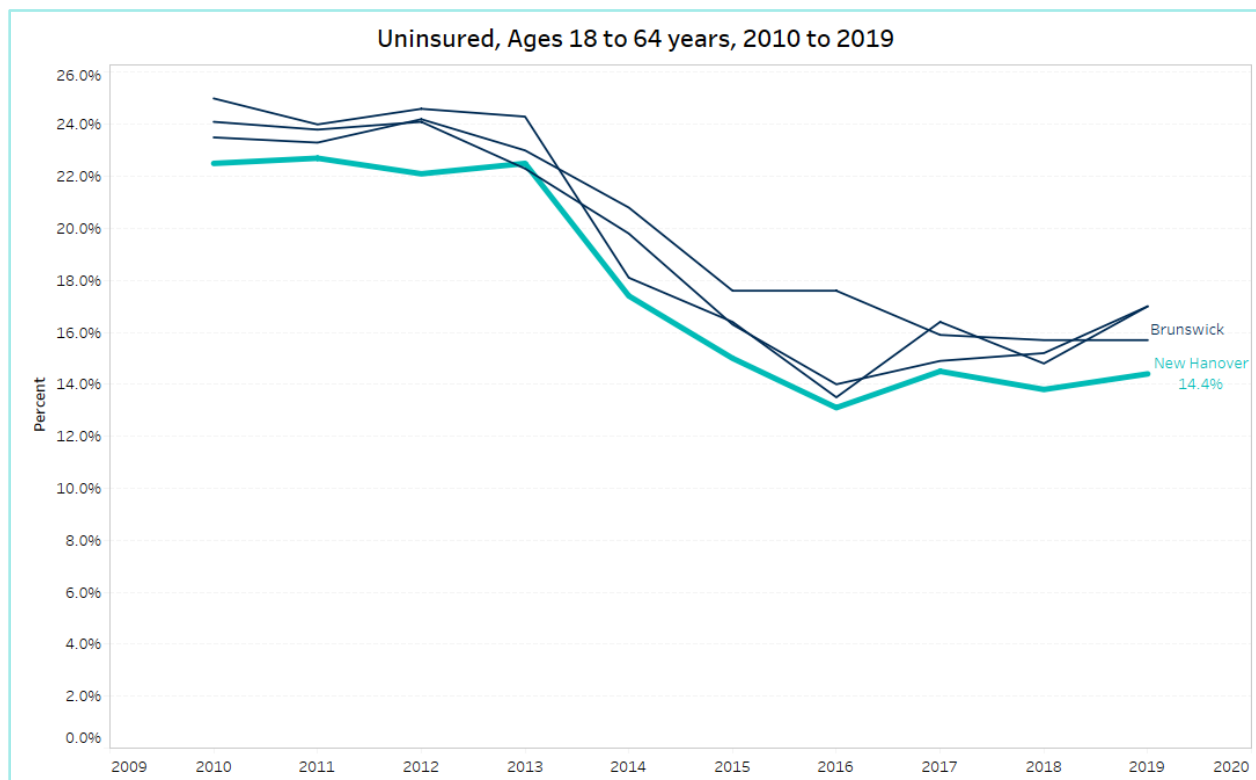
ACCESS TO CARE

Healthcare serves an important role in preventing illness and providing diagnosis and treatment. Access to care includes the availability of high-quality care and community members' ability to take advantage of that care. A community's access to healthcare can be challenged by barriers such as lack of health insurance, high cost of care, few providers, and limited transportation to healthcare facilities.

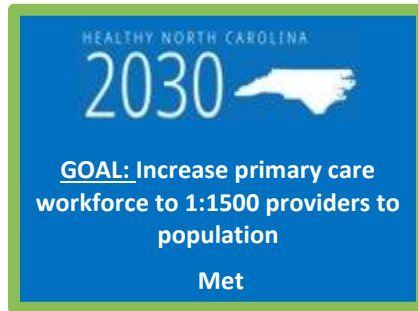
INSURANCE

There have been similar trends in the number of uninsured in New Hanover and peer counties since 2010. The number of people without health insurance saw large decreases in all age groups through the year 2016, and then started to increase or level off. In New Hanover, the 18-64 year-old age group decreased from 22.5% in 2013 to 13.1% in 2016, and then began a slow increase³⁴. Among CHOS respondents, 25% said insurance not covering the service they needed was a major barrier to receiving care. These trends were similar when broken down by poverty status, although the number of uninsured is slightly higher for those living in poverty. The number of individuals on public health insurance alone is low compared to peer counties at 14.5%. There are 8.7% on Medicaid and 5.4% on Medicare. These numbers have stayed steady over years, with a slight decrease in Medicaid and a slight increase in Medicare¹².

Figure 19: Uninsured Population. Source: U.S. Census Bureau. Small Area Health Insurance Estimates (SAHIE)



HEALTH WORKFORCE



Next to Buncombe, New Hanover County has the highest rate of registered nurses and physicians. In 2020, there were 152.8 registered nurses per 10,000 population and 32.8 physicians per 10,000 population. In all other healthcare workforce fields, New Hanover County resembles peer counties with low rates of each provider type that have remained steady over time³⁵.

Among CHOS respondents, lack of a significant health workforce was cause for many barriers to care. When asked what problems were experienced

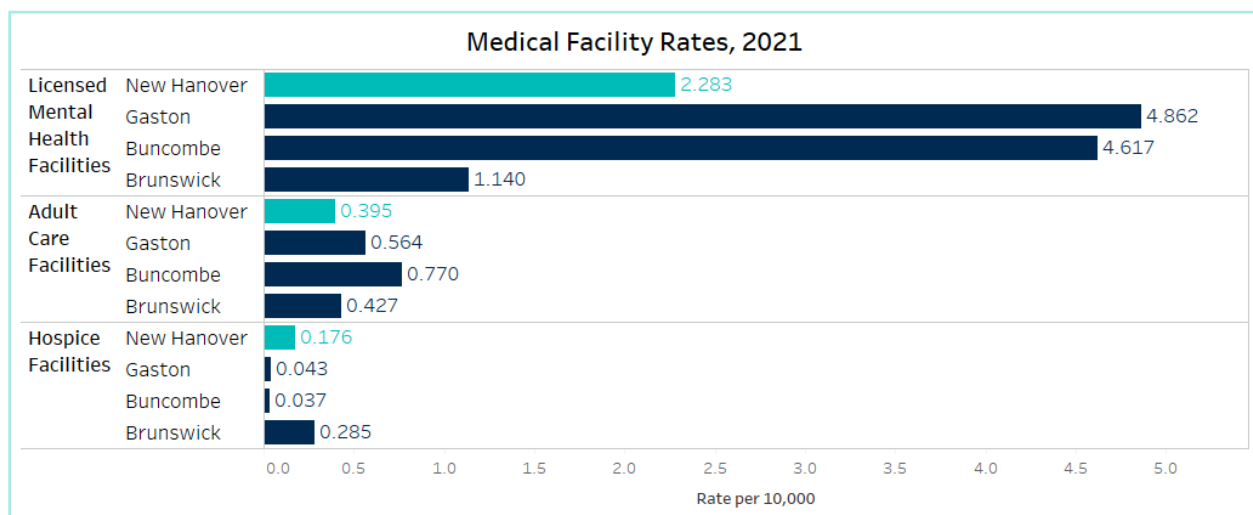
while seeking care, 28.6% said there were no available appointments in the timeframe needed, and 17.1% said there were not enough providers offering the service.

Many community conversation participants expressed concerned with the lack of available appointments with providers and their inability to find providers who accept Medicare and/or Medicaid. Participants specifically described a need for more mental health providers in the county, citing long waitlists. Participants also noted a lack of providers who are equipped to work with a diverse patient population, including culturally competent providers, providers of color, and those who are familiar and open to working with LGBTQIA+ patients.

MEDICAL FACILITIES

There are 28.7 general hospital beds per 10,000 residents in New Hanover County. This is similar to Buncombe and much higher than in Gaston or Brunswick. The number of available nursing home beds in New Hanover is much higher at 46.69 beds per 10,000 residents. This is similar to Gaston and Brunswick, while Buncombe has 68.38 beds per 10,000 residents³⁶. The rates of medical facilities vary by type across all counties. There are 2.283 licensed mental health facilities per 10,000 residents in New Hanover, which is much lower than both Gaston and Buncombe. New Hanover also has fewer adult care facilities than peer counties. New Hanover and Brunswick have much more available hospice facilities than Gaston and Buncombe, with 0.18 hospice facilities per 10,000 residents in New Hanover and 0.29 per 10,000 in Brunswick. Gaston and Buncombe are at 0.04 and 0.04 respectively³⁷.

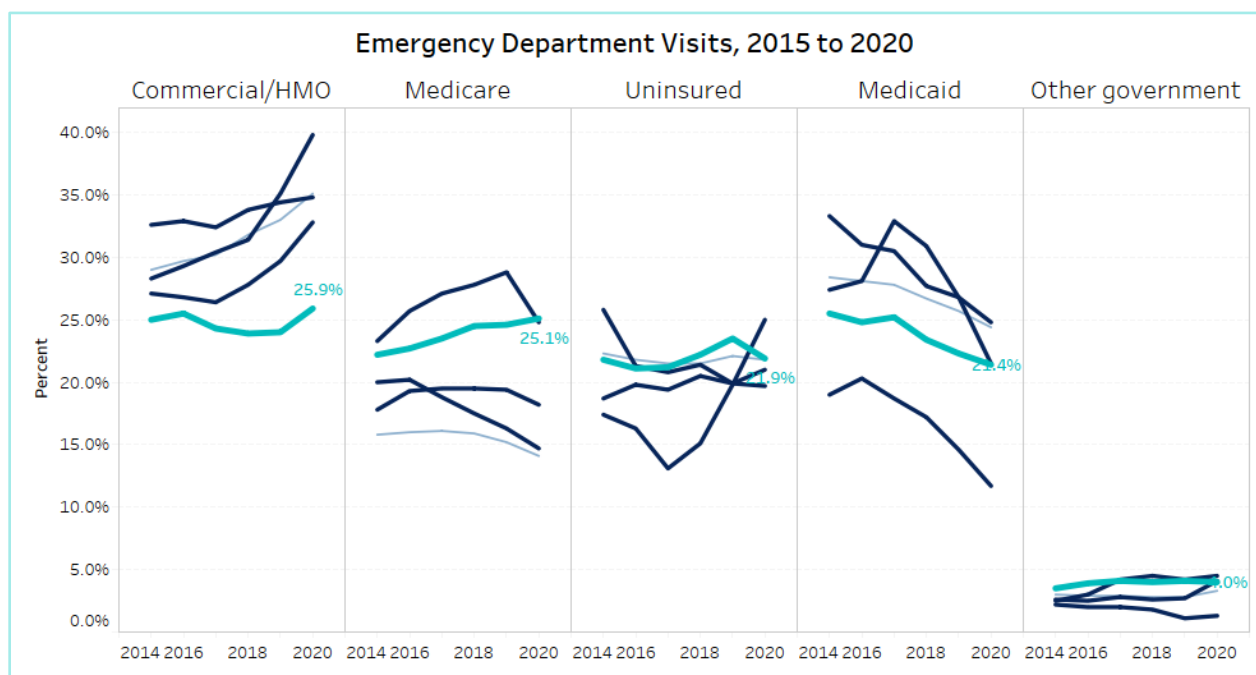
Figure 20: Medical Facilities. Source: North Carolina Division of Health Service Regulation (Last updated 12/17/2021) and population counts from North Carolina Office of State Budget and Management year 2021



HOSPITAL USE

Data on emergency department visits was collected from New Hanover Regional Medical Center. The patient population using the emergency department has been relatively consistent in recent years. The majority of patients using the emergency department are between the ages of 18-44 at 41%, followed by 24% ages 45-64. The population over age 65 is 16.6%. The payer type for emergency department visits is generally the same across the four most common types: Commercial or HMO 25.9%, Medicaid 21.4%, Medicare 25.1%, and uninsured 21.9%. These numbers have also stayed relatively stable since 2015, with a slight decrease in Medicaid and increase in Medicare³⁵. The rate of preventable hospitalizations for Medicare enrollees has been decreasing since 2016 from 4,469 per 100,000 beneficiaries to 2,524 per 100,000 beneficiaries in 2020. Broken down by race, 26.9% of African Americans have visited the emergency department in 2020 compared to 64.9% of white residents³⁸.

Figure 21: Emergency Department Visits. Source: North Carolina Hospital Discharge Data Descriptive Statistics. Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill



Since 2014, New Hanover has had a higher rate of general hospital discharges than peer counties at 1,960 per 10,000 residents³⁶. In short term acute care discharges, New Hanover and Buncombe County have similar numbers in terms of number of discharges and total days. Gaston and Brunswick both have much lower numbers for both categories³⁵.

CHOS RESULTS

HEALTH INFORMATION

Respondents reported the most frequent source of health information as a doctor or primary care provider at 86.0%, while 47.9% of respondents use the internet, and 35.9% look to friends, family, or community for health information. 20.5% reported receiving health information from New Hanover County health department and

69.7% said they trust information from the health department a lot, compared to 27.8% who said they somewhat trust it. Five respondents said they do not trust this information at all.

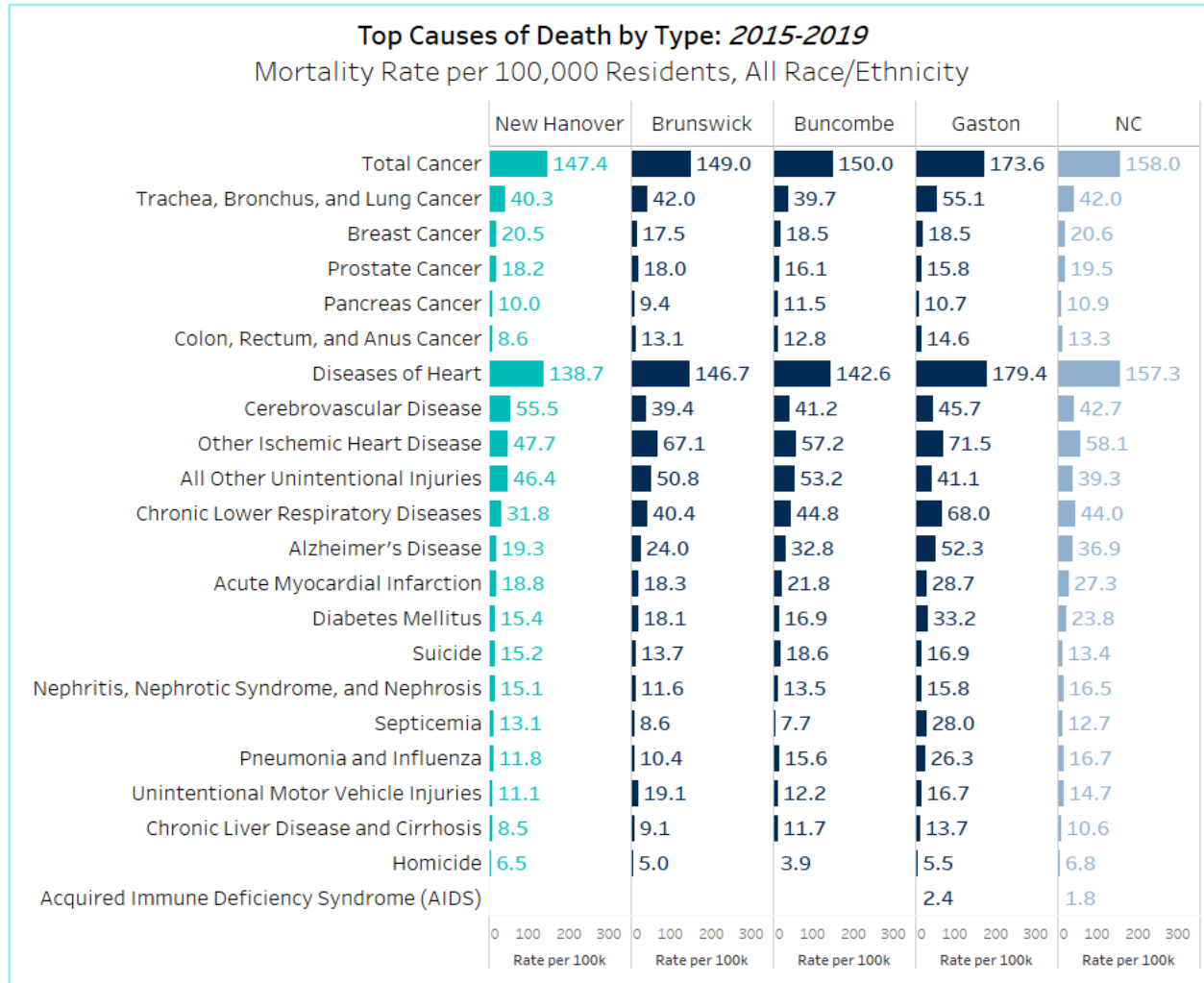
DISEASE, ILLNESS, & INJURY

Many diseases, illnesses, and injuries are influenced by the health factors, policies and programs described throughout this chapter. This section explores mortality, chronic conditions, infections, injuries, and disabilities and how they impact New Hanover residents. Understanding which conditions primarily impact communities, and where there are disparities within communities, can help identify opportunities to improve health outcomes.

OVERALL MORTALITY

New Hanover's overall mortality rate is 718.6 per 100,000 residents and is most similar to Brunswick County at 707.8 per 100,000 residents. It is below the overall mortality rate of North Carolina at 780 per 100,000 residents. When broken down by race and sex, disparities exist across all counties. The mortality rate for African Americans in New Hanover County is 967.4 per 100,000 compared to 689.7 per 100,000 for white residents. Males have a mortality rate of 846.0 per 100,000 compared to females at 615.3 per 100,000¹⁴. The top two causes of death in New Hanover County, surrounding counties, and the State of North Carolina are cancer of all types and heart disease. Cancer is the leading cause of death for most age groups, and for those 85 and older, it is heart disease¹⁴.

Figure 22: Top Causes of Death. Source: North Carolina State Center for Health Statistics County Health Data Book: Table CD11A, Death Counties and Crude Death Rates per 100,000 Population for Leading Causes of Death, by Age Groups, 5-year data

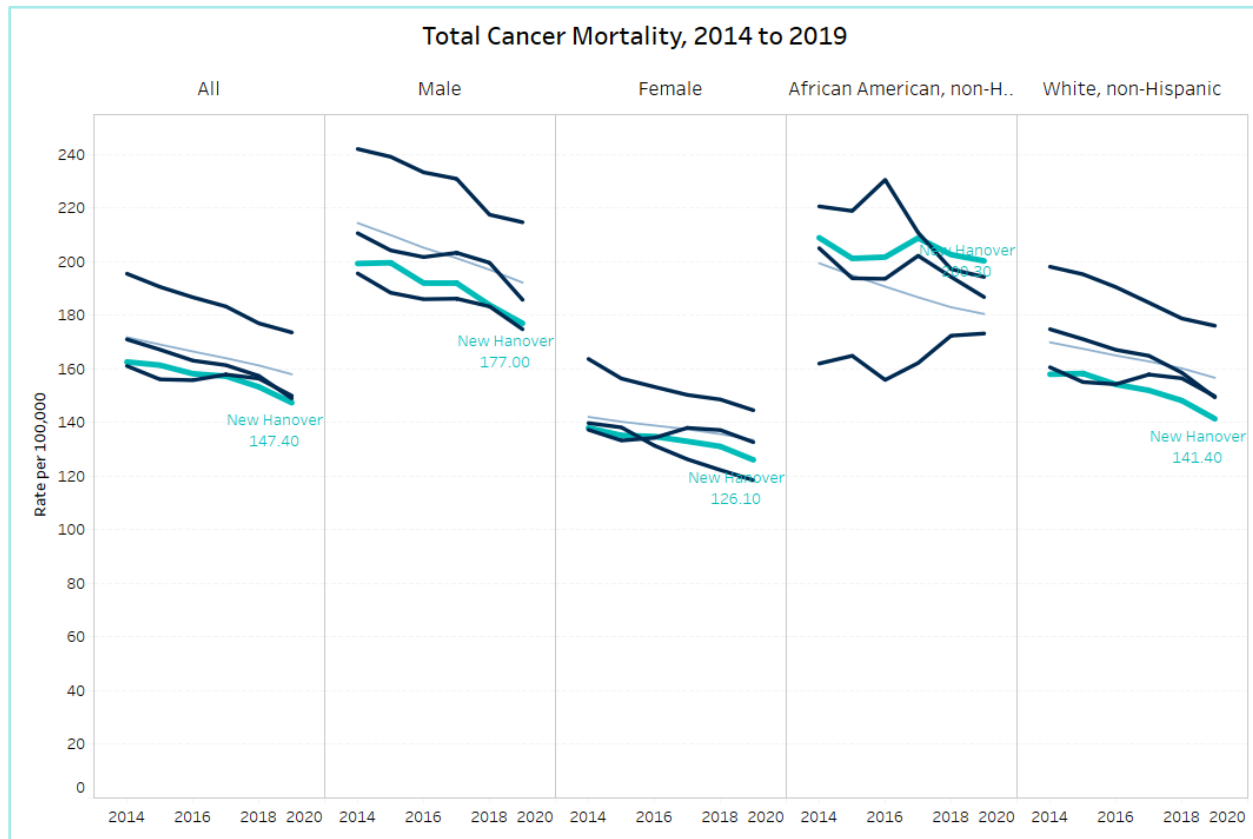


CANCER

The overall cancer incidence rate in New Hanover County is 472.2 per 100,000 population and the overall cancer mortality rate is 147.4 deaths per 100,000 residents. Cancer incidence rates for individual types of cancer are similar across counties and the state. Female breast cancer has the highest incidence rate at 171.4 per 100,000, followed by prostate cancer at 109.6 per 100,000¹⁴.

Similar to overall mortality rates, there are disparities when looking at sex and race. Male cancer mortality is 177.0 per 100,000 residents compared to females at 126.1 per 100,000. African Americans have the highest cancer mortality rate at 200.3 per 100,000, while white residents have a cancer mortality rate of 141.4 per 100,000¹⁴.

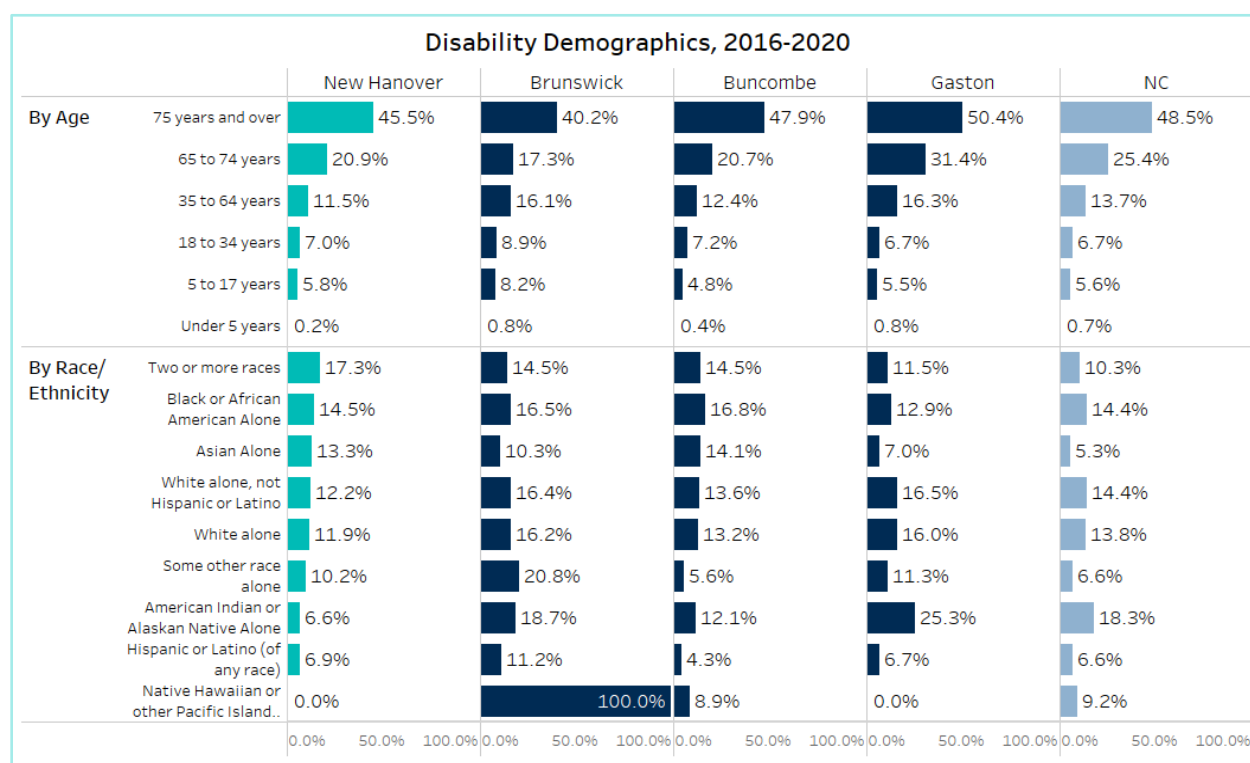
Figure 23: Total Cancer Mortality. Source: NC Department of Health and Human Services, North Carolina State Center for Health Statistics, County Health Data Book: Table CD12B, NC Resident Race/Ethnicity-Specific and Sex-Specific Age-Adjusted Death Rates, 5-year data



DISABILITY

The overall percentage of the population reporting having a disability has stayed relatively stable over years and was at 12.3% in 2020. The most reported disabilities in New Hanover included ambulatory difficulty (5.9%), independent living difficulty (5.4%), and cognitive difficulty (5.1%). Among residents 75 years of age and older, 45.5% reported having a disability.

In community conversations, participants with disabilities expressed a desire for more opportunities to advocate for their needs and concerns through engagement with elected officials. They suggested a disability commission to address this request.

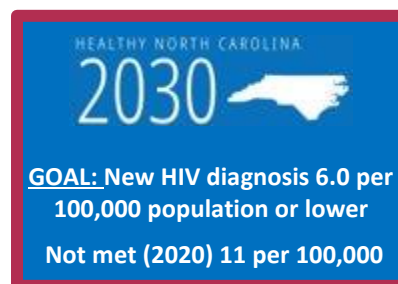
Figure 24: Disability Demographics. Source: U.S. Census Bureau. American Community Survey, 5-Year Estimates: Table S1810

COVID VACCINATION

The COVID-19 vaccine became available to the public in December 2020. As of early March 2022, New Hanover, 63.1% of residents in New Hanover were vaccinated. Additionally, 66.3% of residents in New Hanover had received at least one dose and 33.5% had received a boosted. These numbers are similar to Brunswick and Buncombe in all 3 categories, with Gaston reporting much lower numbers¹.

STI/STD & OTHER INFECTIONS

The rates for STIs and STDs in New Hanover are similar to those reported in peer counties and the state, and newly reported cases of chlamydia and hepatitis C have been declining in all counties. New Hanover and Brunswick also have declining rates of gonorrhea, with the rate in New Hanover falling from 211.6 to 119.6 per 100,000 residents from 2016 to 2020. Chlamydia is the most common reported infection, but decreased from 555.3 per 100,000 residents in 2019 to 404.9 per 100,000 in 2020³⁹.



REPRODUCTIVE & CHILD HEALTH

Reproductive and child health includes a specific subset of health services and outcomes pertaining to reproductive health, pregnancy, birth, and childhood. Reproductive and child health outcomes are influenced by social, economic, and environmental factors. The United States holds a higher mortality rate for birthing parents when compared to other developed countries and has significant racial disparities in birth outcomes, particularly impacting non-Hispanic Black families⁴⁰.

FERTILITY & PREGNANCY

Fertility rates are lowest in New Hanover compared to peer counties at 45.5 per 1,000 females ages 15-44. When breaking down by race/ethnicity, Hispanic females have the highest fertility rate across all counties when compared to other races and ethnicities. Pregnancy rates are also lower in New Hanover at 56.9 per 1,000 females ages 15-44. Similar to fertility rates, pregnancy rates are highest for Hispanic females⁴¹.

PRENATAL CARE

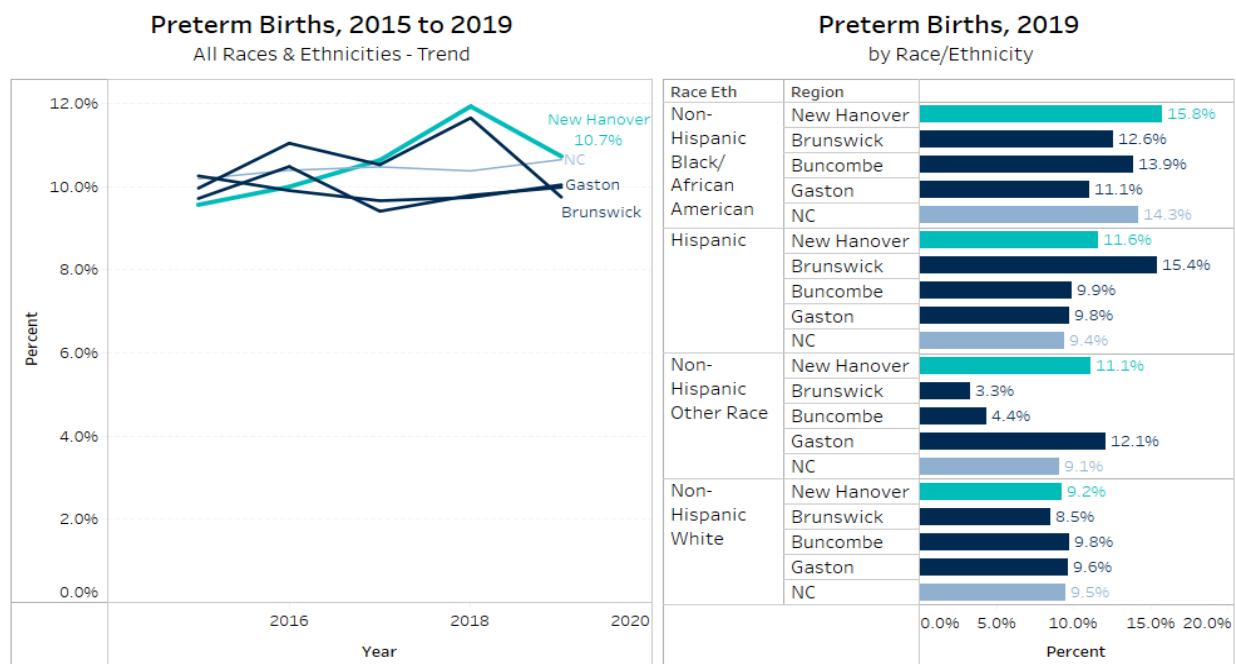
The percent of births where prenatal care began in the first trimester was 63.9% in New Hanover in 2019, similar to the state and all peer counties except Buncombe at 82.9%. Broken down by race, Non-Hispanic White residents in New Hanover had the highest percentage at 68.9%, followed by African American residents at 53.7% and Hispanic residents at 49.6%⁴¹. Prenatal smoking in New Hanover has been slowly decreasing since 2015 from 8.6% to 5.6% in 2020. This is lower than all other counties as well as the state average of 6.8%⁴¹.



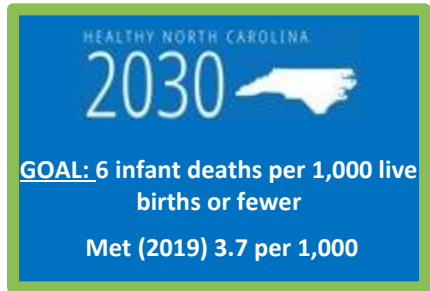
BIRTH OUTCOMES

The percent of preterm births has remained around 10% in recent years across all counties. Disparities in preterm births by race show that 15.8% of Black mothers had a preterm birth in 2019 in New Hanover, compared to 9.2% of white mothers and 11.6% of Hispanic mothers⁴¹. A low-birth-weight birth is defined as one less than 2500g or 5.5lbs. The percentage of low-birth-weight births is 8.3% in New Hanover, which is slightly lower than peer counties and the state. Racial disparities exist here as well, with 15.6% of Black mothers having a low birth weight baby compared to only 6.5% of white mothers and 7.7% of Hispanic mothers⁴¹.

Figure 25: Preterm Births. Source: NC Department of Health and Human Services, North Carolina State Center for Health Statistics, North Carolina Health Data Query System, Birth Data

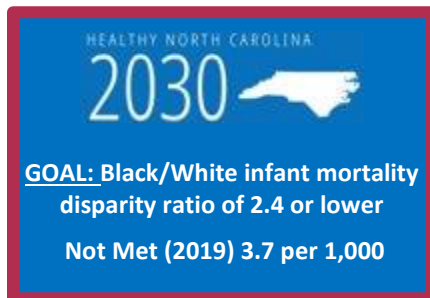


INFANT & CHILD MORTALITY



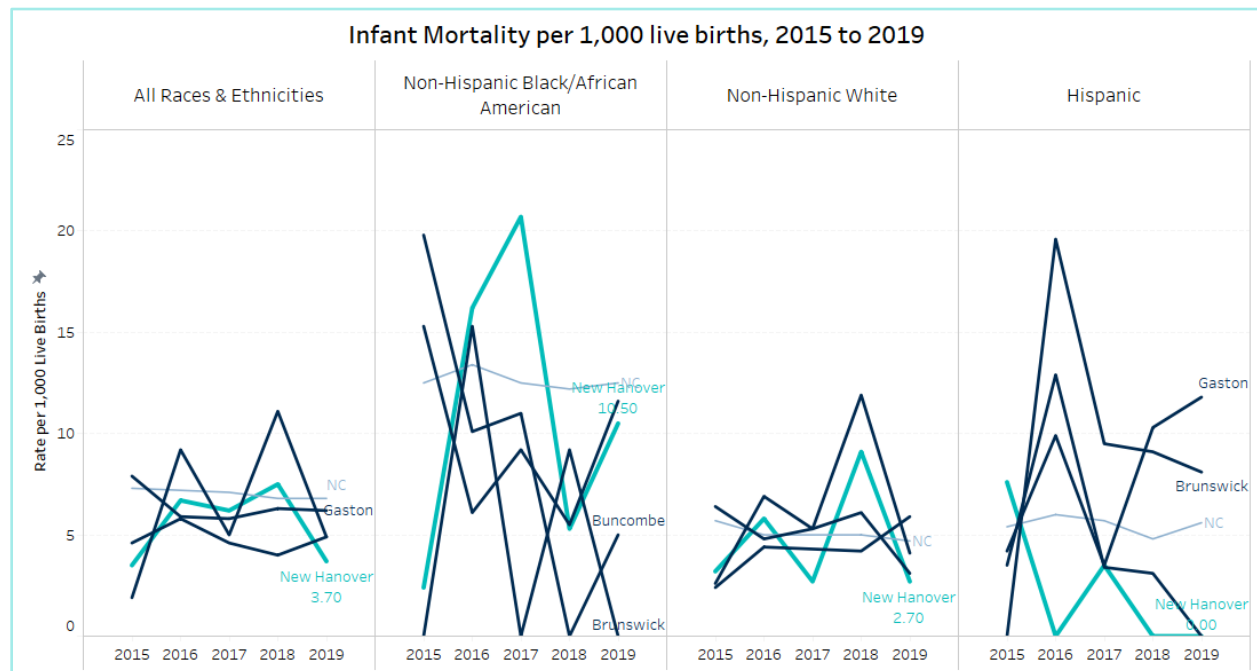
Infant mortality is an indicator that can reflect the health of the broader community and future generations, and it also serves as a proxy indicator for health disparities. The United States consistently has large racial disparities in infant mortality especially between Black and White births. The overall infant mortality rates are similar across all counties and the state and have stayed relatively stable throughout recent years except for Brunswick County which has had fluctuations in numbers. New Hanover's infant mortality rate as of 2019 was 3.7 per 1,000 live births, which was a slight decrease from 7.5 per 1,000 live births in 2018. When

broken down by race, the rate is higher for Black births which peaked at 20.7 per 1,000 live births in 2017 and Non-Hispanic Other Race which was 21.3 per 1,000 in 2018. Infant mortality among Hispanic births has been decreasing in recent years and was at 0.0 per 1,000 in 2019.



The Black/White disparity ratio comparing infant mortality (used in Healthy NC 2030) is 3.9, meaning that the rate of infant mortality for Black births is 3.9 times the rate for White births. This is comparable to Gaston (3.7) but higher than the state (2.7) and all other peers. These racial disparities can be traced back to historical segregation and accumulated stress from discrimination, along with a variety of other disparities in social and economic factors⁴¹.

Figure 26: Infant Mortality. Source: North Carolina State Center for Health Statistics, Infant Death Races by Perinatal Care Regions (PCR) and County of Residence, North Carolina, 1-year data

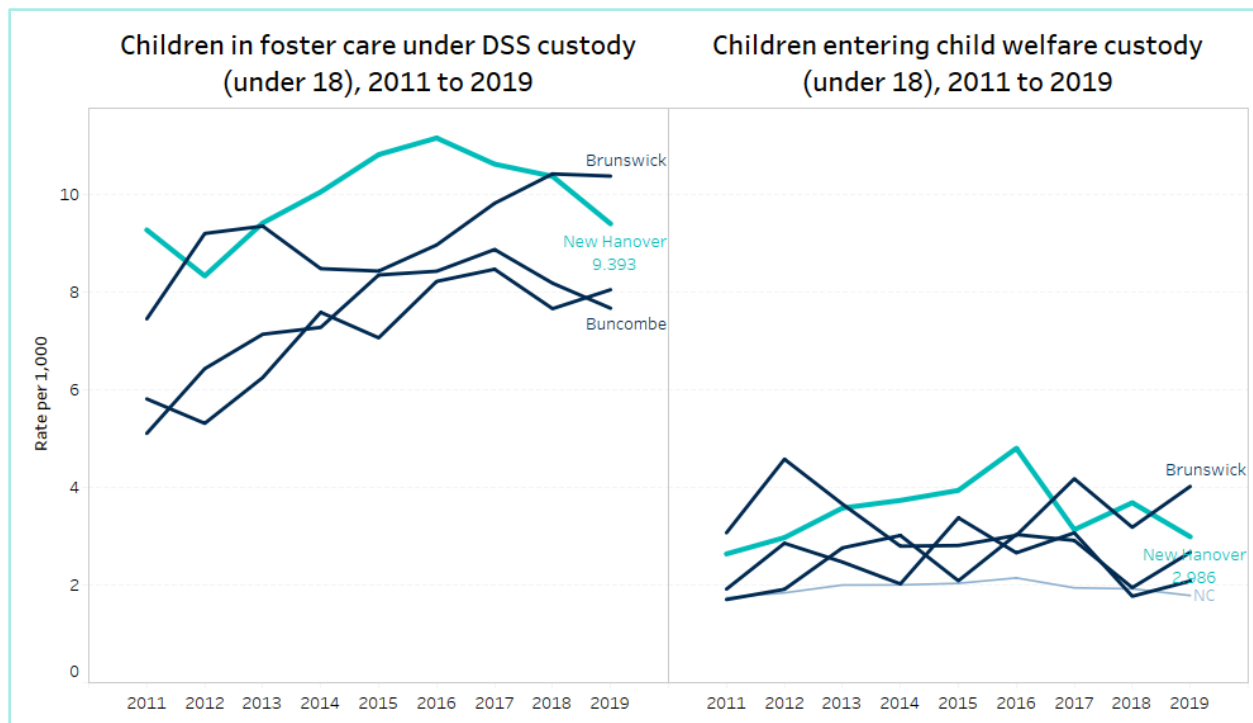


CHILD HEALTH

The total child mortality rate in New Hanover is 50.2 per 100,000 resident children ages 0-17. The top causes of child mortality include perinatal conditions at 14.1 per 100,000 resident children, illnesses at 11.7 per 100,000, birth defects at 6.1 per 100,000, and other causes also at 6.1 per 100,000. These are the top causes among all peer counties and the state; however, the rate varies for each⁴¹.

The rate of children in foster care under the Department of Social Services custody in New Hanover is 9.4 per 1,000, which is generally higher than peer counties except for 2020 when Brunswick surpassed at 10.4 per 1,000. The rate in which children are entering welfare custody in New Hanover is generally similar to peer counties. In 2020, the rate was 2.9 per 1,000, which is the lowest it has been since 2012. All counties are higher than the state average which is steadily at 1.8 per 1,000.

Figure 27: Foster Care. Source: University of North Carolina at Chapel Hill Jordan Institute for Families, Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). File sent by communication with Steve Guest.



MENTAL HEALTH & SUBSTANCE USE

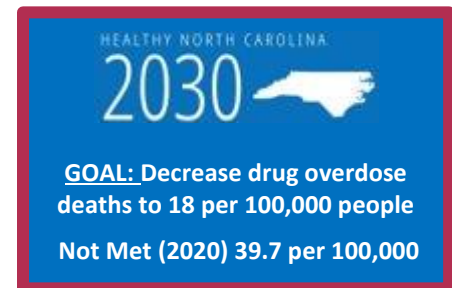
Mental health is as important as physical health to total well-being. The Public Health 3.0 initiative specifically emphasized incorporating mental health and substance use partners into the field of public health. Mental health and substance use are distinct yet interrelated health topics that our society often stigmatizes, which makes identifying, discussing, and improving these issues particularly challenging. Mental health and substance use are both influenced by social, economic, and environmental factors and should be considered in relationship with physical health. While secondary trend data related to substance abuse only show limited aspects of mental health in a community (mental health emergency department visits, overdose deaths, suicide), the primary data collected were able to fill gaps and paint a more complete picture.

SUBSTANCE USE ED VISITS

Emergency department visits for poisoning and medication or drug overdoses in New Hanover declined from 459.3 per 100,000 residents in 2017 to 251.4 per 100,000 residents in 2019, and then increased to 289.3 per 100,000 in 2020. This trend was similar in Brunswick County, however all other peer counties and the state continued to see decreases through 2020⁴².

SUBSTANCE-RELATED DEATHS

The number of substance related deaths from both drug overdose and those related to any opioid have been on the rise in recent years across all counties and in the state. New Hanover has seen a sharp increase in drug overdose deaths from 19.4 per 100,000 in 2014 to 39.7 per 100,000 in 2020 – the highest among peers. Similarly, overdose deaths related to any opioid is highest in New Hanover at 38.54 per 100,000 population in 2020²⁸.



The percentage of overdose deaths involving illicit opioids has also been increasing over the last 15 years. All counties have seen an increase since 2011; however, New Hanover remains the highest with 82.8% of overdose deaths involving an illicit opioid as of 2020²⁸.

Figure 28: Drug Overdose Deaths. Source: NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from North Carolina State Center for Health Statistics, Vital Statistics, Death Certificate Data, 1999-present.

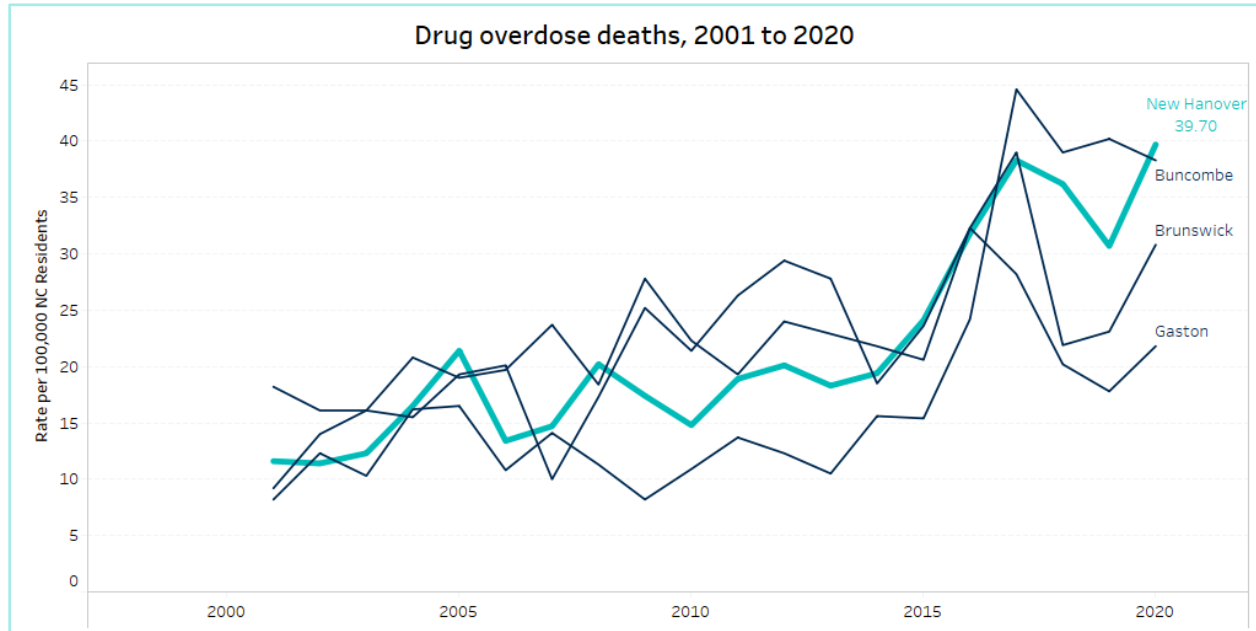
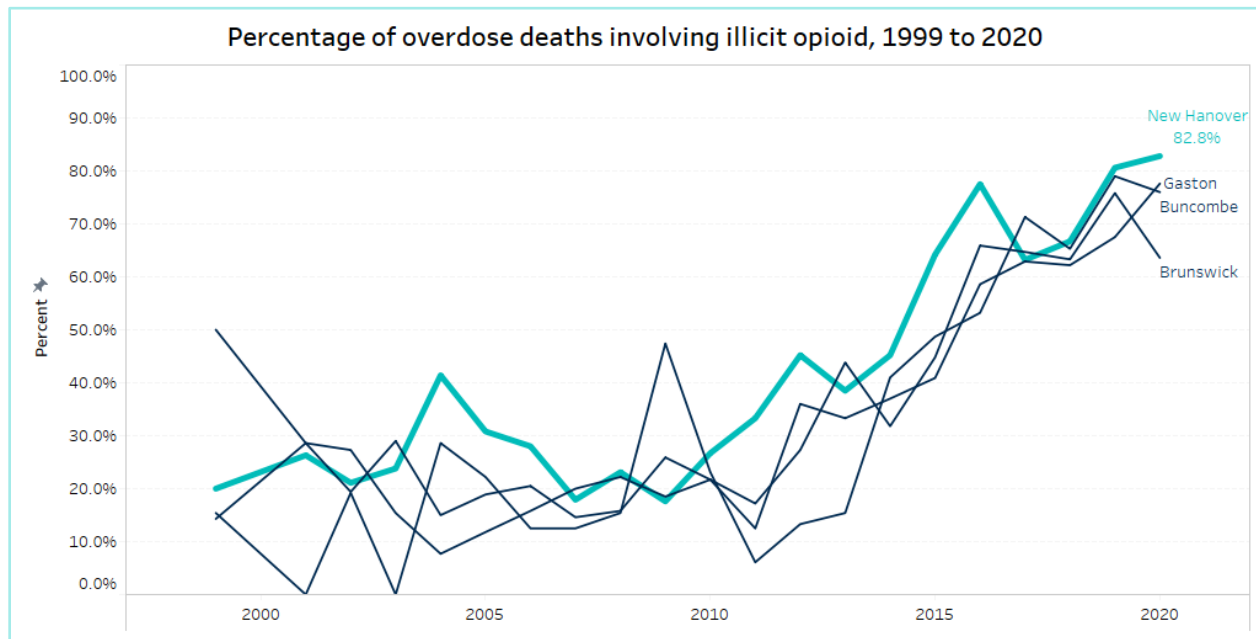


Figure 29: Overdose Deaths Involving Illicit Opioid. Source: NC Department of Health and Human Services, Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch, The NC Opioid Data Dashboard. Sourced from North Carolina State Center for Health Statistics, Vital Statistics, Death Certificate Data, 1999-present.

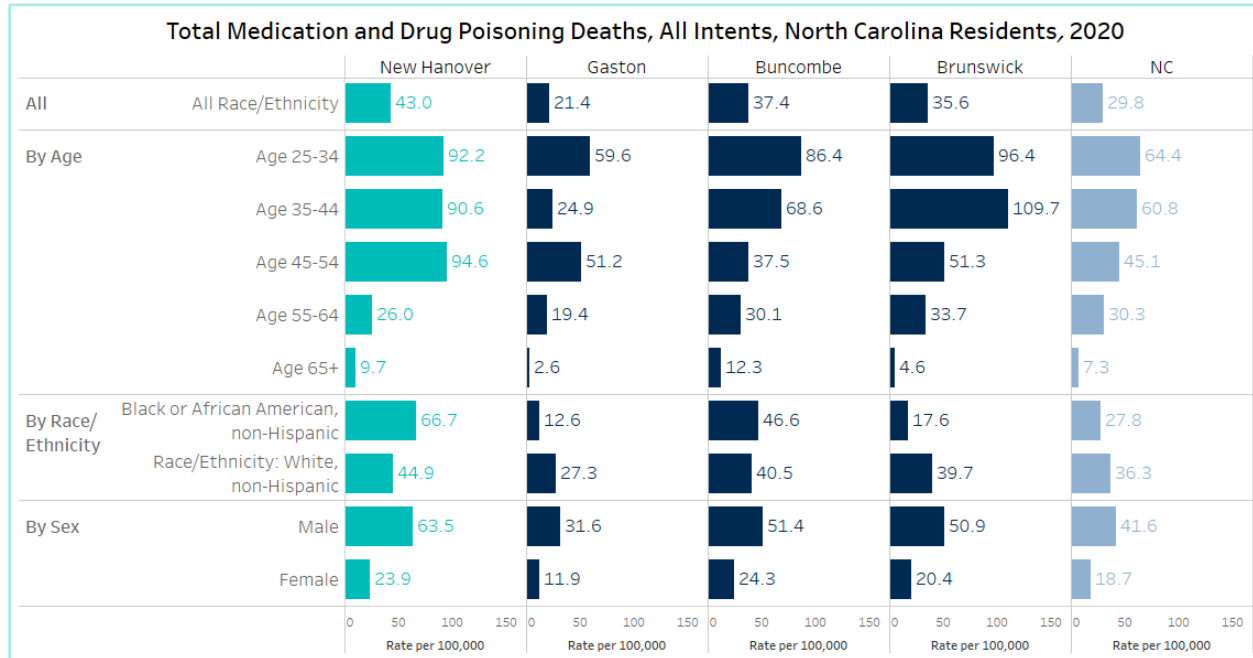


DEATHS BY AGE, RACE, & SEX

There are several disparities in medication and drug poisoning deaths when breaking down by race and sex. In all counties, the rate of death in males is much higher. In New Hanover, the rate of total medication and drug poisoning deaths of all intents is 63.5 per 100,000 for males compared to females at 23.9 deaths per 100,000. By race, the rate of deaths for white, non-Hispanic residents is 44.9 per 100,000 population compared to 66.7 per 100,000 population in Black residents⁴³.

These trends are generally consistent across all indicators. Notably, mortality rates are highest among Black residents in New Hanover and Buncombe counties when compared to non-Hispanic White residents. In Gaston, Brunswick, and NC, rates are highest among non-Hispanic White residents⁴³.

Figure 30: Total Medication and Drug Poisoning Deaths. Source: Analysis by NC Injury and Violence Prevention Branch, Epidemiology Surveillance and Informatics Unit with data sourced from NC State Center for Health Statistics, Vital Statistics Death Certificate Data.

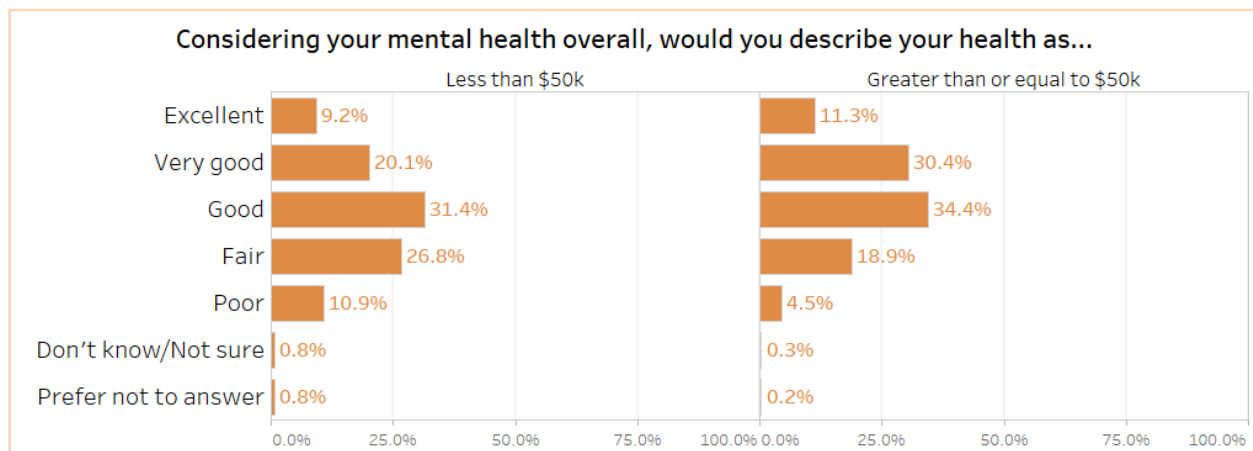


CHOS RESULTS

MENTAL HEALTH STATUS

When asked to describe their overall mental health, 34% of survey respondents said their overall mental health is good and 27.5% said it was very good. 20% reported fair mental health and 5.8% reported poor mental health. Respondents making less than \$50,000 in annual salary were more likely to report poor mental health and experience mental health symptoms. Over a third of respondents experienced mental health symptoms that impacted daily activities over the last six months (35%). Among those reporting mental health symptoms in the last 6 months, 67% received treatment. Treatment was sought primarily from primary care providers (40%) or mental health counselors (32%).

Figure 31: Mental Health Status. Source: 2022 New Hanover County Community Health Opinion Survey



SUBSTANCE USE

20.4% of respondents reported themselves or a friend or family member having used marijuana in the past year, and 5.6% of respondents reported themselves or a friend or family member having taken medication not prescribed to them. This includes but not limited to codeine, Vicodin, Percocet, morphine, oxycodone, Tramadol, fentanyl, hydrocodone, and OxyContin. Of respondents reporting illicit or prescription drug use by a friend/family member/themselves, 9.8% sought treatment.

About 25% of survey respondents reported binge drinking behavior, with 8.8% reporting binge drinking 7 or more times in the past month. 43.9% of respondents said that their alcohol use impacted their well-being. Black and Hispanic/Latino respondents were less likely to report their well-being was impacted by alcohol usage.

Just over 10% of respondents use tobacco or nicotine products at 11.3%. Of those using tobacco or nicotine products, 68% know where to go to get help quitting. Among respondents using tobacco or nicotine, 89.6% use cigarettes and 41.6% use e-cigarettes. Across all respondents, 28.9% report exposure to secondhand smoke, most commonly on sidewalks (19.2%), restaurants or bars (8.8%), and parks (8.7%).

SUBSTANCE USE SERVICES

Of respondents who reported a friend/family member/themselves not seeking treatment for substance use, 72.9% said that it was not needed. Other reasons for not seeking treatment included cost (8.1%), time off work (6.7%), and stigma (5.7%). Across all respondents, there was more disagreement than agreement that substance use services are accessible, high quality, and affordable.

CHAPTER 4: COMMUNITY PRIORITIES

PRIORITIZATION SUMMARY

Identifying community health priorities is a key component of the Community Health Assessment process, and the culmination of months of data collection and analysis and community engagement. Ultimately, the selection of housing, mental health and substance use, and access to care will serve to guide community resource distribution, action planning, and collaboration. This section includes details about the prioritization process, the rationale for the priority, and data related to the priority's impact on the community.

PRIORITIZATION PROCESS

The prioritization process began with reviewing data collected during the assessment, including both primary and secondary data. Two data walks were conducted with stakeholder group members in June and August 2022, and additional contextual information was solicited from stakeholder group members about the data and the existing resources and gaps in the community. The CHA leadership team then reviewed the data and feedback and selected ten priority voting options for the community-wide priority voting process:

Priority Candidate	Definition/Examples
Access to Care	Insurance, health workforce, medical facilities, hospital utilization
Disease, Illness, & Injury	Mortality, chronic conditions, disability, COVID-19, sexually transmitted infections
Reproductive & Child Health	Birth outcomes, infant mortality, maternal smoking, child mortality
Mental Health	Mental health status, anxiety, depression, treatment
Substance Use	Tobacco, opioid, heroin, alcohol
Community Cohesion	Civic participation, incarceration, crime, linguistic isolation
Neighborhood & Environment	Air pollution, access to physical activity
Housing	Housing trends, housing costs, homelessness & housing problems
Lifelong Development	Education attainment, K-12 enrollment, school performance & discipline
Economic Opportunity	Employment, income, food security, child food security

Community Prioritization Voting was conducted online through a Qualtrics survey which was open for the last two weeks of August 2022. The link to the survey was distributed to community members through stakeholder group members' networks, city newsletters, and to community conversation participants. In total, the survey received 468 eligible responses. The top five priorities selected are listed in the table below:

Priority	Selected (%)
Housing	64.4%
Mental Health	46.7%
Access to Care	41.0%
Economic Opportunity	35.4%
Substance Use	32.4%

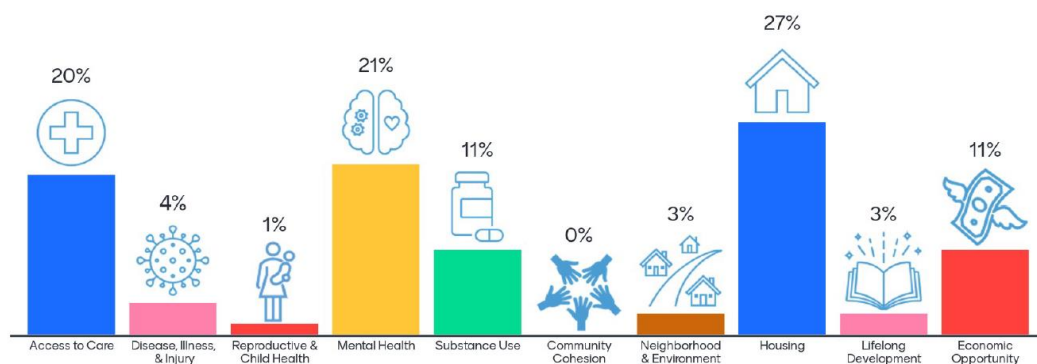
The demographic characteristics of respondents to prioritization voting generally aligned with census data for New Hanover County. Roughly 77% of voters identified as women, 76.1% identified as White, 10.1% identified as Black or African American, and 3.1% identified as Hispanic or Latino. Males and Hispanic or Latino community members were underrepresented in this voting survey. When priority results were broken down by race and ethnicity, the top four priorities remained the same.

After the priority voting results were collected and analyzed, the CHNA stakeholder group met in September 2022 to review summaries of the primary and secondary data alongside the priority voting results. This group was able to give feedback on how well this information represents what they see in their community. After discussion, the stakeholder group engaged in a live vote to identify the top three health issues in New Hanover County using the Mentimeter voting platform. Twenty-five community representatives in attendance cast votes and results are shown below. Attendees cast the most votes for housing, followed by mental health, and access to care. Substance use and economic opportunity tied for 4th place. Further group discussion supported combining mental health and substance use into one priority as the two are often interrelated and there is already alignment in services. Meeting attendees also emphasized the importance of addressing economic opportunity through each selected priority as it is an upstream factor that can influence numerous health outcomes. After reviewing the community voting, the stakeholder voting, the relevant data, and the reflections from the prioritization meeting, the CHNA leadership synthesized the priority areas into three: housing, mental health and substance use, and access to care.

Figure 32: CHNA Stakeholder Group Priority Votes via Mentimeter

New Hanover County Priorities

Mentimeter



PRIORITY 1: HOUSING

**Secondary Data**

- New Hanover County has higher monthly housing costs than peers.
- 21% of homeowners and 44% of renters spend 35% or more of income on housing (cost burden).
- About 19% of households have at least one severe housing problem.

**Primary Data: CHOS**

- 76% of respondents are concerned about the lack of affordable & safe housing in the county.
- Nearly **70% disagreed** that they can find affordable housing.

**Primary Data: Community Conversations**

- Participants report unaffordable housing prices pushing residents out of the county.
- Reported need for more housing options for those on fixed income and who are a part of the older adult, disability and LGBTQIA+ communities.

PRIORITY 2: MENTAL HEALTH & SUBSTANCE USE

**Secondary Data**

- Suicide is the 3rd leading cause of death among residents aged 20-39 in NHC and the state.
- Drug overdose deaths in NHC have increased from 19.4 per 100,000 in 2014 to 39.7 per 100,000 in 2020.
- Medication and drug poisoning deaths are 50% higher among Black residents as compared to White residents (66.7 per 100k vs 44.9)

**Primary Data: CHOS**

- 1 in 4 respondents reported fair or poor mental health.
- 35% reported mental health symptoms that impacted their daily activities over the last 6 months.
- 24% reported challenges finding mental health resources in NHC.
- 30% of respondents reported substance use among themselves or a friend/family member in past 30 days.
- 28% reported substance use services were not accessible and 25% reported the services were not affordable.

**Primary Data: Community Conversations**

- Reported need for more mental health services and providers, especially for youth, people of color, and the LGBTQIA+ community.

PRIORITY 3: ACCESS TO CARE



Secondary Data

- About 22% of ED visits in 2021 were uninsured patients.
- NHC has fewer licensed mental health facilities per population than Gaston and Buncombe counties. Roughly 27% of ED visit patients identified as African American.



Primary Data: CHOS

- 2/3 of respondents reported a barrier to care in past year; top responses were high cost, lack of available appointments, insurance not covering what is needed.
- Respondents most frequently cited receiving health information from their doctor or PCP, the internet, and friends/family/community



Primary Data: Community Conversations

- Reported lack of available appointments for care.
- Need for translation services at healthcare facilities.
- Need roadmaps for finding & accessing services, desire for both paper and online health information resources
- Need for a list of LGBTQIA+ competent/inclusive providers

CONCLUSION

NEXT STEPS

This assessment is merely the beginning of the health improvement process, and the next steps will be to develop health improvement action plans for each of the three priorities. This process is expected to reveal important elements of community health achievement that the county will advocate for to make progress on these health priorities. Working with partners, New Hanover County Health and Human Services will develop measurable objectives to address each priority, identify evidence-based strategies to achieve those objectives, and plan evaluation and accountability throughout the next three years.

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APPENDIX 1: PRIMARY DATA COLLECTION MATERIALS

COMMUNITY HEALTH OPINION SURVEY INSTRUMENT

The survey instrument developed for the CHOS was available through the web using Qualtrics™ software through partners at NCIPH. In-person surveying administered the survey through mobile data collection on tablet devices connected to the web-based survey form. Additionally, paper surveys were available upon request. The survey instrument is shown below.



NEW HANOVER COUNTY
HEALTH AND HUMAN SERVICES

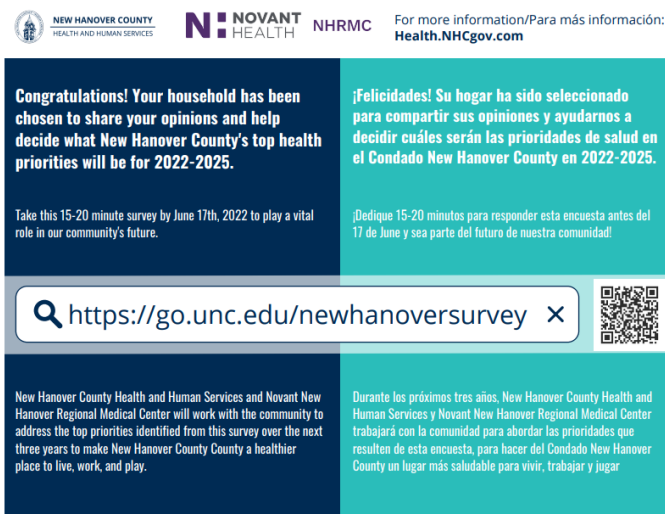


New Hanover County 2022 Community Health Opinion Survey

Public Health agencies in New Hanover are conducting a survey to learn more about the health and topics of concern among its residents. We will use the results of this survey to help create action plans to address major community health issues in New Hanover County.

Did you receive a postcard inviting you to participate in the New Hanover County Community Health Needs Assessment Survey? Below is a picture of the postcard. *We are still interested in hearing from you even if you did not receive a postcard.*

- ☐ Yes
☐ No



If yes, Congratulations! Your household was one of many randomly selected in New Hanover County. The survey is voluntary, and it should take no longer than 20 minutes to complete. Your answers will be completely confidential. The information you give us will not be linked to you in any way.

Please enter the number on your postcard: _____

This number is only used to track postcard distribution and will not be used to identify you in any way when analyzing and communicating survey results.

If no, Thank you for your interest in the 2022 Community Health Survey. The survey is voluntary, and it should take no longer than 15 minutes to complete. Your answers will be completely confidential. The information you give us will not be linked to you in any way.

Would you like to participate? ☐Yes ☐No

We are only surveying adults 18 and older. Are you 18 years old or older?

☐Yes ☐No

If No, survey ends. At this time we are only speaking to residents 18 and older. Thank you for your time and have a great day.

Do you live in New Hanover County?

- ☐ Yes
- ☐ No

If No, Survey ends. At this time we are only speaking to residents 18 and older residing in New Hanover County. Thank you for your time and have a great day.

What is your Zip Code where you currently live? _____

PART 1: DEMOGRAPHICS

Ok, let's start with a few questions about you. We want to make sure we are hearing from everyone in your community. As a reminder, everything you share with us will remain confidential and anonymous.

1. What is your age?

_____ (enter age number, from 18-110)

- ☐ Prefer not to answer

2. What is your race/ethnicity? Please select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Native American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian (Chinese, Japanese, Korean, Vietnamese, Asian Indian, etc.) | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic/Latino |
| | <input type="checkbox"/> Other race/ethnicity not listed here |
| | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Prefer not to answer |

3. Including yourself, how many people in the following age groups live in your household? Please choose an answer for each age group.

Age Category	None	1	2	3+	Prefer not to answer
Less than 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 to 12 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 to 17 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 to 54 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55 years and older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="radio"/> Prefer not to answer					

4. What is the highest level of schooling you have completed?

- | | |
|---|---|
| <input type="radio"/> Did not complete high school | <input type="radio"/> Associate's Degree or Vocational Training |
| <input type="radio"/> High school graduate (or GED/ equivalent) | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> Some college (no degree) | <input type="radio"/> Graduate or professional degree |
| | <input type="radio"/> Prefer not to answer |

5. Which of the following describes your gender identity? Select all that apply

- ☐ Woman
☐ Man
☐ Self-identify: _____
☐ Prefer not to answer

6. Do you consider yourself to be lesbian, gay, bisexual, transgender, queer, asexual, aromantic, or otherwise under the LGBTQ+ umbrella?

- | | |
|---------------------------|--|
| <input type="radio"/> Yes | <input type="radio"/> Unsure or Prefer not to answer |
| <input type="radio"/> No | <input type="radio"/> Other |

7. What was your total household income last year before taxes? Indicate which category you fall into.

- | | |
|--|--|
| <input type="radio"/> Less than \$10,000 | <input type="radio"/> \$35,000 to \$49,999 |
| <input type="radio"/> \$10,000 to \$14,999 | <input type="radio"/> \$50,000 to \$74,999 |
| <input type="radio"/> \$15,000 to \$24,999 | <input type="radio"/> \$75,000 to \$99,999 |
| <input type="radio"/> \$25,000 to \$34,999 | <input type="radio"/> \$100,000 or more |
| | <input type="radio"/> Don't know/Not sure |
| | <input type="radio"/> Prefer not to answer |
-

9. Please tell us whether you “strongly disagree”, “disagree”, “neither agree nor disagree”, “agree”, or “strongly agree” with each of the following statements for the community in which you live.

[illegible]

In the next three questions, we will be asking for your opinion on social and economic factors, health outcomes, and health behavior topics concerning New Hanover County.

10. In your opinion, which THREE (3) of the following social and economic factors are impacting the health of your community the most? *(If there is a factor that you consider to have the most impact that is not on this list, please select "Other" and write it in.)*

- ☐ Discrimination
- ☐ Lack of educational opportunities
- ☐ Lack of employment opportunities
- ☐ Lack of sufficient income
- ☐ Lack of access to healthy and affordable food
- ☐ Lack of community and social support
- ☐ Lack of recreational and entertainment opportunities
- ☐ Lack of community and interpersonal safety
- ☐ Lack of affordable and safe housing
- ☐ Other (please specify): _____
- ☐ None
- ☐ Unsure/Don't know
- ☐ Prefer not to answer

11. In your opinion, which ONE (1) of the following health outcomes most impacts your community? *(If there is an outcome that you consider to have the most impact and it is not on this list, please select "Other" and write it in.)*

- ☐ Chronic diseases and conditions (heart disease, cancer, asthma, diabetes, etc.)
- ☐ Drug overdose
- ☐ Injuries
- ☐ Mental health conditions
- ☐ Poor birth outcomes
- ☐ Other (please specify): _____
- ☐ None
- ☐ Do not know
- ☐ Prefer not to answer

12. In your opinion, which THREE (3) health behavior topics do people in your community need more information about? *(If there is a health behavior topic that you consider the most important and it is not on this list, please select "Other" and write it in.)*

- ☐ Nutrition
- ☐ Physical activity
- ☐ Managing stress
- ☐ Sun Protection
- ☐ Seeking health services
- ☐ Safe water play
- ☐ Sexual health
- ☐ Sleep
- ☐ Substance use
- ☐ Tobacco use
- ☐ Vaccination (childhood, flu, HPV, shingles, etc.)
- ☐ COVID-19 Vaccine
- ☐ Violence
- ☐ Getting Health Screenings
- ☐ Other (please specify): _____
- ☐ None
- ☐ Do not know
- ☐ Prefer not to answer

13. Where do you get your health information? Select all that apply

- | | |
|---|---|
| <input type="checkbox"/> My doctor or primary care provider | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> New Hanover County Health Department | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> News media/Television | <input type="checkbox"/> Church |
| <input type="checkbox"/> My friends, family, or community | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Don't know/Not sure |
| | <input type="checkbox"/> Prefer not to answer |

14. How much do you trust health information you receive from the New Hanover County Public Health Department?

- | | |
|----------------------------------|--|
| <input type="radio"/> A lot | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Somewhat | |
| <input type="radio"/> Not at all | |

BARRIERS TO HEALTH CARE ACCESS

15. In the past 12 months, have you experienced any of these problems while seeking care? By "problem," that includes needing to travel outside New Hanover for care.

- | | |
|---|--|
| <input type="checkbox"/> No health insurance | <input type="checkbox"/> Provider or office hours didn't work with my schedule |
| <input type="checkbox"/> Insurance didn't cover what I/we needed | <input type="checkbox"/> Provider or office was too far away |
| <input type="checkbox"/> Cost was too high | <input type="checkbox"/> No way to get there |
| <input type="checkbox"/> Insurance or Medicaid not accepted | <input type="checkbox"/> Service was not available in New Hanover |
| <input type="checkbox"/> Pharmacy too far away | <input type="checkbox"/> Not enough providers offer the service |
| <input type="checkbox"/> No capacity at mental health provider | <input type="checkbox"/> Didn't know where to go |
| <input type="checkbox"/> Language or other communication barrier | <input type="checkbox"/> No appointments available in the timeframe I needed |
| <input type="checkbox"/> Faced discrimination based on race, disability status, & other discrimination in the healthcare system | <input type="checkbox"/> I didn't have childcare |
| <input type="checkbox"/> Concerns about getting COVID-19 at a visit | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> I did not experience any of these problems |
| | <input type="checkbox"/> Prefer not to answer |

SUBSTANCE USE (ILLICIT DRUGS, MEDICATIONS, NICOTINE, & ALCOHOL)

As a reminder, your answers will be completely confidential and the information you give us will not be linked to you in any way.

16. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more standard drinks on an occasion?

- ☐ I don't drink 5 or more drinks at any one time
☐ 1-2 times per month
☐ 3-4 times per month
☐ 5-6 times per month
☐ 7-10 times per month
☐ 11-13 times per month
☐ 14 or more times per month
☐ **Prefer not to answer**



16a. How much has this usage impacted your overall well-being?

- ☐ Not at all
- ☐ Somewhat
- ☐ A little bit
- ☐ A great deal
- ☐ Don't know/Not sure
- ☐ Prefer not to answer

17. Have you or a friend/family member used any of the following illicit drugs in the past 12 months?

- ☐ Cocaine or crack
- ☐ Ecstasy
- ☐ Heroin
- ☐ Marijuana
- ☐ Methamphetamines
- ☐ Other (specify): _____
- ☐ Unknown drug(s)
- ☐ Don't know
- ☐ None of the above
- ☐ Prefer not to answer

17a. Have you or a friend/family member taken medication that is not prescribed to you/them or in a way other than prescribed by your/their provider in the past 12 months? (Including but not limited to codeine, Vicodin, Percocet, morphine, oxycodone, Tramadol, fentanyl, hydrocodone, or OxyContin)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure
- ☐ Prefer not to answer

17b. [IF YES to 17 or 17a], Did you or friend/family member seek treatment?

- ☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

TOBACCO USE AND EXPOSURE

19. Do you currently use any kind of tobacco or nicotine product, including smokeless products or vapes, on a daily basis? (If no, skip to question #21)

- ☐ Yes ☐ Prefer not to answer
☐ No

20. Which products do you use? (E-cigarettes, vape pens and juuls are electronic devices that heat a liquid form of nicotine to generate a vapor that the user inhales.)

- ☐ Cigarettes
☐ Pipe
☐ Nicotine pouches
☐ Dip or chewing tobacco
☐ Vape pens/E-cigarettes/Juuls
☐ Cigars

20a. Do you know where you would go for help to quit?

- ☐ Yes
☐ No
☐ Prefer not to answer

21. Are you regularly exposed to secondhand smoke in any of these locations in New Hanover County? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> I am not regularly exposed to secondhand smoke in New Hanover County. | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Home or car | <input type="checkbox"/> Sidewalks |
| <input type="checkbox"/> Workplace | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Restaurants or bars | <input type="checkbox"/> Prefer not to answer |
-

 PHYSICAL ACTIVITY

22. In a typical week, do you exercise for at least 10 minutes continuously? Exercise is defined as having an elevated heart rate for 10 minutes.

- ☐ Yes
☐ No
☐ Prefer not to answer

23a. If so, what kind of exercise? Select all that apply.

- ☐ Running
☐ Swimming
☐ Water sports (kayaking, paddleboarding, etc.)
☐ Rollerskating, skateboarding
☐ Playing sports (basketball, tennis, disc golf, football, baseball, etc.)
☐ Walking
☐ Bicycling
☐ Golf
☐ Yard work (including gardening, bailing hay, digging, hauling materials, mucking stalls, etc.)
☐ Prefer not to answer
☐ Other exercise: _____

23b. If yes, in a typical week how many days do you do these activities in total?

_____ Number of Days (0-7)
 ☐ Prefer not to answer

23c. ...and on a typical day, how much time do you spend on average doing these activities in total?

_____ Enter **minutes** (10-300)
 ☐ Prefer not to answer

23. Where do you engage in exercise or physical activities? (*Check all that apply.*)

- | | |
|--|---|
| <input type="checkbox"/> I don't exercise | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Public rec center(s) | <input type="checkbox"/> YMCA |
| <input type="checkbox"/> Beach | <input type="checkbox"/> Faith community |
| <input type="checkbox"/> Parks or trails | <input type="checkbox"/> Malls |
| <input type="checkbox"/> Home | <input type="checkbox"/> School setting |
| <input type="checkbox"/> Neighborhood | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Private gym/pool | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Normal work activities | |
| <input type="checkbox"/> Onsite facility at work | |

24. If you skip exercise or do it less often than you want, what are some of the reasons? Please select all the reasons that apply.

- | | |
|---|---|
| <input type="checkbox"/> I don't like to exercise | <input type="checkbox"/> Lack of access to sidewalk, facility, pool, green spaces, track, etc. (nonexistent or not usable due to wear and tear) |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> There is no safe place to exercise |
| <input type="checkbox"/> Lack of childcare | <input type="checkbox"/> Lack of time/too busy |
| <input type="checkbox"/> It costs too much to exercise (equipment, shoes, gym) | <input type="checkbox"/> I don't need to exercise |
| <input type="checkbox"/> I'm physically unable | <input type="checkbox"/> Does not apply - I get regular exercise |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Concerns about getting COVID-19 during indoor activity | <input type="checkbox"/> Don't know/Not Sure |
| | <input type="checkbox"/> Prefer not to answer |

EATING HABITS

25. About how many servings of fruits (fresh, canned, or frozen) do you eat in a typical day? See serving sizes below.

- | | |
|---------------------------------|--|
| <input type="radio"/> 4 or more | <input type="radio"/> Don't know/Not Sure |
| <input type="radio"/> 2-3 | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> 1 | |
| <input type="radio"/> None | |

26. About how many servings of vegetables (fresh, canned, or frozen) do you eat in a typical day? See serving sizes below.

- | | |
|---------------------------------|--|
| <input type="radio"/> 4 or more | <input type="radio"/> Don't know/Not Sure |
| <input type="radio"/> 3 | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> 2 | |
| <input type="radio"/> 1 | |
| <input type="radio"/> None | |

CHOW FRUIT AND VEGETABLE SERVING CHEAT SHEET

Most of us don't eat enough fruit and vegetables. So let's start eating. Go to <http://www.fruitsandveggiesmatter.gov/> and use the CDC's calculator to see how many cups of each you need to eat per day. Then fill in your target numbers here and use our visual guide to what counts as a cup (based on data from the USDA and some chopping and measuring in our test kitchen) to help you achieve your goals.

My Daily Amount (cups):
 _____ Fruit
 _____ Vegetables



27. Nutrition experts recommend adults eat 2 cups of fruit and 3 cups of vegetables every day. If there are times you don't have the recommended serving what are the reasons? Choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Fruits and vegetables cost too much | <input type="checkbox"/> Nobody else in my family will eat them |
| <input type="checkbox"/> I don't like the way they taste | <input type="checkbox"/> Fruits and vegetables don't fill me up |
| <input type="checkbox"/> I don't know how to prepare fruits and vegetables | <input type="checkbox"/> There aren't places in my neighborhood to buy these foods |
| <input type="checkbox"/> I wasn't aware of the recommended serving size | <input type="checkbox"/> Does not apply - I eat enough fruits and vegetables |
| <input type="checkbox"/> It's hard to find fruit and vegetable options when I eat outside the home | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> There are a lot of other, less healthy and more affordable, food options offered around me | <input type="checkbox"/> Prefer not to answer |

28. About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas (not diet), sweet tea, lemonade, or energy drinks, do you drink each day?

- | | |
|-----------------------------|--|
| <input type="radio"/> None | <input type="radio"/> Four or more |
| <input type="radio"/> One | <input type="radio"/> Don't know/Not Sure |
| <input type="radio"/> Two | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Three | |

PERSONAL & MENTAL HEALTH CONDITIONS

29. Considering your physical health overall, would you describe your health as...

- | | | |
|---------------------------------|---|--|
| <input type="radio"/> Excellent | <input type="radio"/> Fair | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Very good | <input type="radio"/> Poor | |
| <input type="radio"/> Good | <input type="radio"/> Don't know/not sure | |

30. Considering your mental health overall, would you describe your health as...

- | | | |
|---------------------------------|---|--|
| <input type="radio"/> Excellent | <input type="radio"/> Fair | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> Very good | <input type="radio"/> Poor | |
| <input type="radio"/> Good | <input type="radio"/> Don't know/not sure | |

31. In the last 6 months have you experienced any mental health symptoms that kept you from doing your daily activities in any way?

- ☐ Yes
☐ No
☐ Don't know/Not sure
☐ Prefer not to answer

31a. Did you receive treatment for depression, anxiety, or other mental health concerns?**If so, from where?** *(Answer if "yes" to #31)*

- ☐ From primary care provider (PCP)
- ☐ Mental health counselor
- ☐ Mental health agency
- ☐ Other: _____
- ☐ Did not receive treatment
- ☐ Don't know/Not sure
- ☐ Prefer not to answer

EMERGENCY PREPAREDNESS AND COMMUNICATION**32. Does your family have a basic emergency supply kit? These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.**

- ☐ Yes
- ☐ No *(skip to #34)*
- ☐ Don't know/Not sure *(skip to #34)*
- ☐ Prefer not to answer *(skip to #34)*

33. If yes, how many days do you have supplies for? _____ *(Write number of days)***34. What would be your main way(s) of getting information from authorities in a large-scale disaster or emergency? Select all that apply.**

- ☐ Television
- ☐ Text (Emergency Alerts)
- ☐ Radio
- ☐ Pre-registered emergency alert notifications through my County Emergency Management
- ☐ Internet
- ☐ Telephone/Smartphone
- ☐ Print media/newspaper
- ☐ New Hanover County webpage
- ☐ Social media (e.g. Twitter Facebook)
- ☐ 911
- ☐ 211
- ☐ Neighbors/Friends/Family/Word of Mouth
- ☐ New Hanover County Special needs Registry
- ☐ Don't know/Not sure
- ☐ Other (please specify): _____

What would be the main reason you might not evacuate if asked to do so?

- ☐ Not applicable, I would evacuate
- ☐ Concern about traffic jams and inability to get out
- ☐ Concern about leaving pets
- ☐ Concerns about leaving property behind
- ☐ concern about family safety
- ☐ Concerned that public officials are wrong
- ☐ Concern about personal safety
- ☐ Lack of transportation
- ☐ No place to go
- ☐ Health problems of self or those of a household member would make evacuating too difficult or impossible without assistance
- ☐ I have prepared my home for emergencies and feel it will remain the safest place to be
- ☐ Don't know/Not sure
- ☐ Other (please specify): _____

35. Are you interested in participating in health-related surveys from New Hanover County in the future?

If you are interested, you will be asked to provide your contact information on the next page- the information you provide will be kept separate from your survey responses.

- ☐ Yes
 - ☐ No
-

Follow-up Survey Stored Separate from the CHOS data

As a follow-up to the Community Health Needs Assessment Survey, community members are invited to participate in the process of selecting health priorities for their community and future health-related surveys.

Please enter your contact information below so that we may contact you in the future.

Did you receive a postcard in the mail inviting you to participate in the New Hanover County Community Health Needs Assessment Survey?

- ☐ Yes
- ☐ No

Please enter your contact information below so that we may contact you in the future. (This information is optional, but helps us with future communication.)

First Name: _____

Middle Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

COMMUNITY CONVERSATION GUIDE

[Name of Group, Date of Group]

[Facilitators thank people for joining and introduce themselves]

NOTE-TAKER: Overview of Community Health Assessment: This Community Conversation is part of the larger Community Health Assessment being conducted by New Hanover County. We'll be gathering information from these conversations, a community health opinion survey, and other data sources to identify the health needs and priorities in the county. All of this will be put together in a report that is used to plan programs and policies.

LEAD: Overview of community conversations: We use community conversations to hear from particular groups of people about their experiences and ideas in their own words. You've been invited to participate in this conversation because you have important insights into the strengths and challenges in the [priority area] community. Those experiences, insights, and ideas are an important part of the Community Health Assessment.

- The community conversation today will last about an hour and a half.
- Participation in the discussion is voluntary. If you decide not to participate, it will not affect your benefits or care from county or hospital services. You can also choose not to answer any questions you feel uncomfortable discussing.
- We will be recording today's discussion. The recordings are just for us so we can remember what people said. The recording and any notes about the groups will only be accessible to a small team of people at the North Carolina Institute for Public Health helping with the community health assessment. Once we've finished the report, we'll delete the recording. Your names will not be included in the report. If you don't want to be recorded, you can decide not to participate in the focus group.

NOTE-TAKER: Confidentiality: We won't be asking anyone to reveal anything about their own health or personal struggles, but we will be discussing some topics that can be sensitive. To have the most open and honest discussion we can, we need to feel confident we can trust each other to keep this discussion confidential. We will confirm with each of you whether you agree not share anything that others say today with anyone outside of the group.

LEAD: Does anyone have any questions? About the group today or the community health assessment in general?

[Confirmation of participation and confidentiality: facilitators will walk around the room to confirm with each participant if: 1. They want to participate, 2. They will keep the discussion confidential. 3. They're a county resident]

LEAD Ground rules: Great! Now that everyone has consented and agreed to keep confidentiality, we'll review a couple of ground rules:

1. Disagreement is OK - It's OK to disagree! In fact, we welcome differences of opinion. We just ask that you do it in a respectful way.
2. We ask that you try your hardest not to interrupt anyone when they're speaking. If you notice that you've been speaking a lot, maybe take a breath and let others step up so we can hear from everyone.

I'm going to start recording now. **[**START RECORDING**]**

1. Let's go around the room and introduce ourselves and say what's the best thing about living in this area?

Healthy Community:

Before we get to talking, I want to encourage everyone to think broadly about "health" during our discussion today. *[Show graphic to illustrate broad definition]* Think about physical health as well as mental health; think about the things in our lives that influence our health. Doctors and hospitals are one piece, but also our ability to access healthy food and safe recreation, our housing, our jobs, transportation, discrimination—all of these play a part in our overall health: mind, body, and community. <https://www.center4healthandsdc.org/uploads/7/1/1/4/71142589/published/sdoh-graphic.png?1528489655>

2. Now that we're thinking broadly about health, I'll turn it over to you all: When you hear the words "healthy community," what comes to mind? What would an ideal healthy community include/look like to you?
 - a. Prompt: Healthy food, recreation, housing, employment, faith, healthcare, safety...
 - b. If people stray towards discussing barriers and challenges, reassure that we'll discuss barriers next; try to flip problem statement ("in an ideal healthy community, people would... [opposite of problem]")
3. Think about moments where you've seen examples of this ideal healthy community - where you've seen joy, health, connection, and safety [any other summaries from above] in your community. What are some images or stories that come to mind?
 - a. In these stories, what is helping people be healthy in New Hanover County?
 - b. When do you feel most safe in your community?

Barriers

Now that we've taken a moment to dream and see where we have strengths in your community, we want to shift and think about what is holding us back.

4. Think about the ideals we were just brainstorming about, what is getting in the way of everyone living out those ideals?
 - a. Sometimes even when a service exists to help, it doesn't mean everyone is getting it. What are some of the barriers that prevent people from accessing these services? [Reference specific, if mentioned]
 - i. How do people in your community find out about the services that exist?
 - b. If it hasn't yet come up, probe about mental health and systems/structures
5. How would you like to see these barriers addressed?
 - a. Are there people or organizations already working on this issue?
 - b. Is there a person or organization who you could see being helpful to address the barrier?
 - c. To what extent do you feel you can influence solutions to these challenges?

Community Change

6. There has been a lot of change in New Hanover in recent years. Thinking back over, let's say, 5 years – what changes have had the biggest impact on your life?
 - a. What changes have brought excitement and hope?
 - b. What changes have brought you concern?
 - c. How have you seen your neighborhood change?

d. How have these changes impacted how you relate to your community?

Closing

7. If you had a magic wand and could bring a resource to your community or strengthen an existing resource, what would you bring or strengthen?
8. Out of everything we talked about today, what are the most important issues for your community to address?

LEAD: We really appreciate you all taking the time to come together today to help bring about positive changes in your community. We heard about [summary statements] and these are the kinds of things that decision-makers in New Hanover County need to hear. Thank you so much for coming and have a great evening/afternoon/day/weekend!

APPENDIX 2: COMMUNITY HEALTH OPINION SURVEY METHODS AND RESULTS

SURVEY METHODS

The approach for the CHOS involved surveying using both probability and non-probability-based sampling methods. The rationale for this approach was to account for the potential for low response rates to the probability-based approach that have been common since the COVID-19 pandemic. A concurrent non-probability-based survey open to any adult living in New Hanover County allowed for more inclusive participation and dissemination of the survey across a broader network of organizations below. This appendix provides more detail about the approaches used for the CHOS.

Probability Based Sampling and Dissemination

The probability-based sampling methodology was designed using a stratified two-stage cluster sampling design based on a method developed by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).¹ The two-stage cluster sampling design is a validated survey sampling methodology that allows for results to be generalizable to the entire target population (New Hanover County). For the CHOS, this sampling design was modified to sample equally from within three economic groupings based on the median household income of the sampling units (census block groups).

This sampling methodology was based on the most recent data from the US Census Bureau's Decennial Census² and the American Community Survey 5-year estimates³. Census block groups from 2020 redistricting boundaries were used to select a sufficiently large number of households for sampling – use of smaller census blocks would have restricted the number of households to be selected in denser, urban blocks. Using the 5-year estimates of the median household income from the American Community Survey, the 151 populated block groups were broken into tertiles with roughly 33% of the block groups in each stratum. Those groupings are shown in color gradations in Figure A3.1, where the lowest income tertile included blocks with a median household income from \$12,684 - \$46,111 (n=50), the middle income tertile included values ranging from \$46,112 - \$74,324 (n=51), and the upper income tertile ranged from \$74,325 - \$188,295. These stratifications allowed for a more even representation from lower- and middle-income areas.

Within each stratum, 15 block groups were selected with a probability proportionate to the number of households in each block group, for a total of 45 block groups selected across New Hanover County, shown in red in Figure A3.1. This sampling, referred to as PPS (probability proportionate to size) sampling, is a fundamental selection method for the CASPER two-stage cluster design. Within each selected block, 10

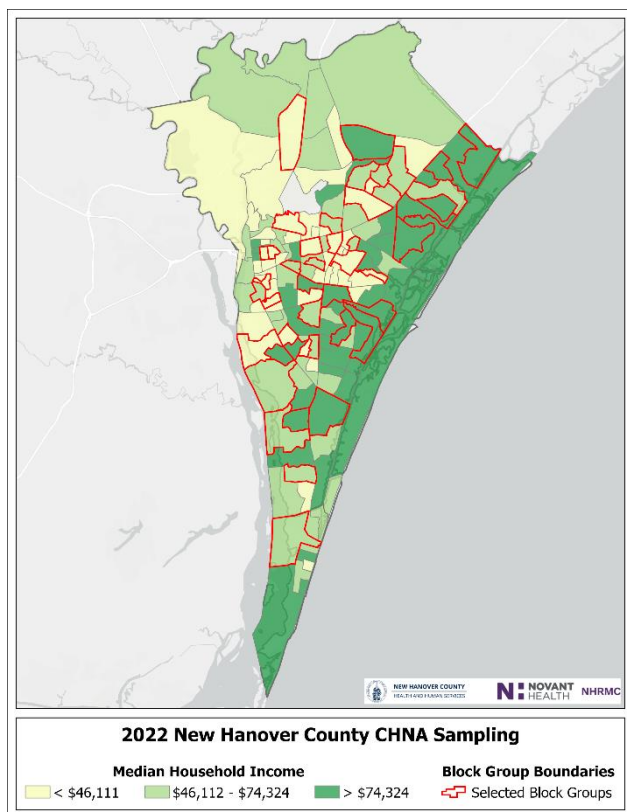


Figure A3.1. CHNA sampling methodology for probability based New Hanover County CHOS, 2022.

households were randomly selected based on residential building points available through the New Hanover County GIS Portal⁴. The probability-based sample, therefore, consisted of 450 selected households from 45 block groups across strata of low, middle, and high median household income groups.

Selected households were mailed a postcard informing them that their household had been selected to participate in the CHOS, and these postcards included a link to the survey and a QR code to complete the survey, along with a unique participant identifier. Following the postcard mailer, each selected household who had not yet responded received an in-person visit from survey volunteers. In-person visits were conducted in every selected block during June 2022 by volunteers and staff from NHC HHS.

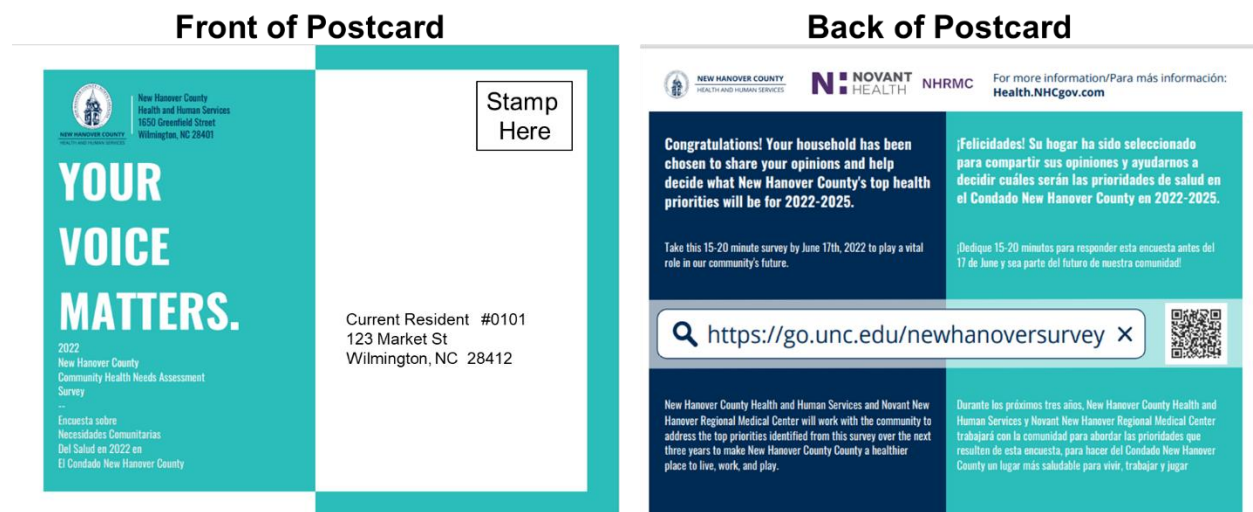


Figure A3.2. Postcard mailers for selected households in the probability based CHOS.

Non-Probability Based Sampling and Dissemination

Concurrent with the probability-based survey, a community-wide survey, open to any adult living in New Hanover County, was made available. This was a convenience survey with no formal sampling approach beyond dissemination through existing stakeholder and community networks. The rationale for this concurrent approach was that the non-probability survey allowed for completion from anyone who met the eligibility criteria and were not part of the probability-based sample. This allows for more robust participation and for specific outreach to priority populations to ensure a diversity of voices were represented.

Survey Analysis

Due to low response from the probability-based survey, results from the two methodologies were pooled and analyzed together in unweighted analyses. The decision to not incorporate additional survey weights was made to reinforce that the majority of responses were from the convenience survey, and inferences beyond the individuals who responded is not recommended. The results of the survey were summarized through counts and percentages of the overall respondents and for selected demographic stratifications. These results are presented on the following page.

SURVEY RESULTS

The results of the CHOS below are presented for each question, with overall counts and percentages for each question. Each question is also stratified by classifications of household income (<\$50,000 and ≥\$50,000), race (Black or African American, White), and Hispanic origin. Separate tables are shown for each stratification. These strata are based on the self-reported results of respondents, and caution should be used in assessing differences across respondents – particularly among questions and responses with small cell sizes.

SECTION 1: SURVEY DEMOGRAPHICS

Total Number of Eligible Survey Respondents: 1333

What is the zip code where you currently live?	Overall Count	Overall %
22620	1	0.1
24303	1	0.1
25428	1	0.1
28401	162	12.2
28402	1	0.1
28403	209	15.7
28405	163	12.3
28406	2	0.2
28408	1	0.1
28409	209	15.7
28411	191	14.4
28412	264	19.8
28413	2	0.2
28428	35	2.6
28429	49	3.7
28443	1	0.1
28449	3	0.2
28451	2	0.2
28470	1	0.1
28480	10	0.8
28501	1	0.1
28509	1	0.1
28774	1	0.1
29429	2	0.2
99999	17	1.3
Respondents	1330 (3 missing)	.

1. What is your age?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
18-24	73	6.1	34	11.9	23	3.1
25-44	377	31.7	102	35.8	248	33.5
45-64	480	40.3	77	27.0	339	45.7
65 and over	261	21.9	72	25.3	131	17.7
Respondents	1191 (142 missing)	.	285 (10 missing)	.	741 (28 missing)	.

1. What is your age?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
18-24	73	6.1	7	5.0	5	12.5	60	6.3
25-44	377	31.7	48	34.0	20	50.0	297	30.9
45-64	480	40.3	56	39.7	15	37.5	385	40.1
65 and over	261	21.9	30	21.3	0	0.0	218	22.7
Respondents	1191 (142 missing)	.	141 (10 missing)	.	40 (3 missing)	.	960 (35 missing)	.

2. What is your race/ethnicity?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
American Indian or Native American	14	1.1	5	1.7	9	1.2
Asian (Chinese, Japanese, Korean, Vietnamese, Asian Indian, etc.)	10	0.8	4	1.4	3	0.4
Black or African American	151	11.9	51	17.3	85	11.1
Native Hawaiian or other Pacific Islander	2	100.0	1	100.0	0	0.0
White	995	78.7	224	75.9	628	81.8
Hispanic/Latino	43	3.4	13	4.4	23	3.0
Other	16	1.3	4	1.4	6	0.8
Prefer not to answer	63	5.0	5	1.7	27	3.5
Respondents	1265 (68 missing)	.	295 (0 missing)	.	768 (1 missing)	.

2. What is your race/ethnicity?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
American Indian or Native American	14	1.1	3	2.0	0	0.0	5	0.5
Asian (Chinese, Japanese, Korean, Vietnamese, Asian Indian, etc.)	10	0.8	0	0.0	0	0.0	5	0.5
Black or African American	151	11.9	151	100.0	2	4.7	6	0.6
Native Hawaiian or other Pacific Islander	2	100.0	0	0.0	0	0.0	2	100.0
White	995	78.7	6	4.0	6	14.0	995	100.0
Hispanic/Latino	43	3.4	2	1.3	43	100.0	6	0.6
Other	16	1.3	0	0.0	0	0.0	2	0.2
Prefer not to answer	63	5.0	0	0.0	0	0.0	0	0.0
Respondents	1265 (68 missing)	.	151 (0 missing)	.	43 (0 missing)	.	995 (0 missing)	.

3. Including yourself, how many people in the following age groups live in your household? Please choose an answer for each age group

Less than 5 years old	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
None	675	77.1	184	80.0	382	76.2
1	99	11.3	23	10.0	65	13.0
2	70	8.0	19	8.3	42	8.4
3+	21	2.4	3	1.3	11	2.2
Prefer not to answer	11	1.3	1	0.4	1	0.2
Respondents	876 (457 missing)	.	230 (65 missing)	.	501 (268 missing)	.

Less than 5 years old	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
None	675	77.1	77	68.8	18	58.1	544	79.3
1	99	11.3	21	18.8	8	25.8	69	10.1
2	70	8.0	8	7.1	2	6.5	57	8.3
3+	21	2.4	5	4.5	3	9.7	13	1.9
Prefer not to answer	11	1.3	1	0.9	0	0.0	3	0.4
Respondents	876 (457 missing)	.	112 (39 missing)	.	31 (12 missing)	.	686 (309 missing)	.

5 to 12 years old	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
None	640	76.6	186	83.8	355	72.7
1	118	14.1	21	9.5	84	17.2
2	55	6.6	11	5.0	41	8.4
3+	10	1.2	2	0.9	7	1.4
Prefer not to answer	13	1.6	2	0.9	1	0.2
Respondents	836 (497 missing)	.	222 (73 missing)	.	488 (281 missing)	.

5 to 12 years old	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
None	640	76.6	69	65.7	23	69.7	515	78.7
1	118	14.1	24	22.9	4	12.1	87	13.3
2	55	6.6	9	8.6	5	15.2	42	6.4
3+	10	1.2	2	1.9	1	3.0	4	0.6
Prefer not to answer	13	1.6	1	1.0	0	0.0	6	0.9
Respondents	836 (497 missing)	.	105 (46 missing)	.	33 (10 missing)	.	654 (341 missing)	.

13 to 17 years old	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
None	658	79.6	188	87.0	368	77.0
1	114	13.8	19	8.8	78	16.3
2	38	4.6	4	1.9	31	6.5
3+	5	0.6	4	1.9	0	0.0
Prefer not to answer	12	1.5	1	0.5	1	0.2
Respondents	827 (506 missing)	.	216 (79 missing)	.	478 (291 missing)	.

13 to 17 years old	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
None	658	79.6	73	79.3	20	60.6	534	81.2
1	114	13.8	11	12.0	9	27.3	86	13.1
2	38	4.6	5	5.4	3	9.1	29	4.4
3+	5	0.6	2	2.2	1	3.0	3	0.5
Prefer not to answer	12	1.5	1	1.1	0	0.0	6	0.9
Respondents	827 (506 missing)	.	92 (59 missing)	.	33 (10 missing)	.	658 (337 missing)	.

18 to 54 years old	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
None	268	25.7	80	32.0	136	21.3
1	298	28.6	99	39.6	171	26.8
2	356	34.2	48	19.2	266	41.6
3+	109	10.5	23	9.2	65	10.2
Prefer not to answer	11	1.1	0	0.0	1	0.2
Respondents	1042 (291 missing)	.	250 (45 missing)	.	639 (130 missing)	.

18 to 54 years old	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
None	268	25.7	29	23.8	6	15.4	216	26.2
1	298	28.6	46	37.7	15	38.5	220	26.7
2	356	34.2	35	28.7	11	28.2	297	36.0
3+	109	10.5	11	9.0	7	17.9	87	10.5
Prefer not to answer	11	1.1	1	0.8	0	0.0	5	0.6
Respondents	1042 (291 missing)	.	122 (29 missing)	.	39 (4 missing)	.	825 (170 missing)	.

55 years and older	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
None	409	41.3	118	48.6	243	42.6
1	276	27.9	80	32.9	152	26.7
2	274	27.7	41	16.9	169	29.6
3+	12	1.2	3	1.2	4	0.7
Prefer not to answer	19	1.9	1	0.4	2	0.4
Respondents	990 (343 missing)	.	243 (52 missing)	.	570 (199 missing)	.

55 years and older	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
None	409	41.3	42	38.2	23	71.9	327	41.8
1	276	27.9	37	33.6	3	9.4	224	28.6
2	274	27.7	27	24.5	6	18.8	214	27.3
3+	12	1.2	1	0.9	0	0.0	10	1.3
Prefer not to answer	19	1.9	3	2.7	0	0.0	8	1.0
Respondents	990 (343 missing)	.	110 (41 missing)	.	32 (11 missing)	.	783 (212 missing)	.

4. What is the highest level of schooling you have completed?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Did not complete high school	8	0.6	5	1.7	2	0.3
High school graduate (or GED/equivalent)	70	5.6	28	9.5	22	2.9
Some college (no degree)	164	13.0	74	25.1	69	9.0
Associate's Degree or Vocational Training	164	13.0	52	17.6	85	11.1
Bachelor's degree	390	30.9	81	27.5	263	34.3
Graduate or professional degree	450	35.7	54	18.3	325	42.4
Prefer not to answer	15	1.2	1	0.3	1	0.1
Respondents	1261 (72 missing)	.	295 (0 missing)	.	767 (2 missing)	.

4. What is the highest level of schooling you have completed?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Did not complete high school	8	0.6	0	0.0	4	9.3	4	0.4
High school graduate (or GED/equivalent)	70	5.6	12	8.0	4	9.3	46	4.6
Some college (no degree)	164	13.0	28	18.7	4	9.3	129	13.0
Associate's Degree or Vocational Training	164	13.0	23	15.3	4	9.3	127	12.8
Bachelor's degree	390	30.9	33	22.0	8	18.6	330	33.2
Graduate or professional degree	450	35.7	53	35.3	19	44.2	349	35.1
Prefer not to answer	15	1.2	1	0.7	0	0.0	8	0.8
Respondents	1261 (72 missing)	.	150 (1 missing)	.	43 (0 missing)	.	993 (2 missing)	.

5. Which of the following describes your gender identity?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Woman	986	78.2	243	82.7	590	76.8
Man	238	18.9	47	16.0	163	21.2
Non binary/gender queer	9	0.7	1	0.3	7	0.9
Non-response	3	0.2	1	0.3	1	0.1
Prefer not to answer	25	2.0	2	0.7	7	0.9
Respondents	1261 (72 missing)	.	294 (1 missing)	.	768 (1 missing)	.

5. Which of the following describes your gender identity?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Woman	986	78.2	132	87.4	35	81.4	773	77.9
Man	238	18.9	18	11.9	7	16.3	201	20.3
Non binary/gender queer	9	0.7	0	0.0	1	2.3	8	0.8
Non-response	3	0.2	0	0.0	0	0.0	0	0.0
Prefer not to answer	25	2.0	1	0.7	0	0.0	10	1.0
Respondents	1261 (72 missing)	.	151 (0 missing)	.	43 (0 missing)	.	992 (3 missing)	.

6. Do you consider yourself to be lesbian, gay, bisexual, transgender, queer, asexual, aromantic, or otherwise under the LGBTQ+ umbrella?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Yes	151	12.0	43	14.6	97	12.7
No	1079	85.6	241	81.7	656	85.6
Unsure or Prefer not to answer	31	2.5	11	3.7	13	1.7
Respondents	1261 (72 missing)	.	295 (0 missing)	.	766 (3 missing)	.

6. Do you consider yourself to be lesbian, gay, bisexual, transgender, queer, asexual, aromantic, or otherwise under the LGBTQ+ umbrella?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Yes	151	12.0	10	6.8	4	9.3	135	13.6
No	1079	85.6	134	90.5	38	88.4	843	84.8
Unsure or Prefer not to answer	31	2.5	4	2.7	1	2.3	16	1.6
Respondents	1261 (72 missing)	.	148 (3 missing)	.	43 (0 missing)	.	994 (1 missing)	.

7. What was your total household income last year before taxes?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Less than \$10,000	26	2.1	26	8.8	0	0.0
\$10,000 to \$14,999	29	2.3	29	9.8	0	0.0
\$15,000 to \$24,999	50	4.0	50	16.9	0	0.0
\$25,000 to \$34,999	69	5.5	69	23.4	0	0.0
\$35,000 to \$49,999	121	9.6	121	41.0	0	0.0
\$50,000 to \$74,999	227	18.0	0	0.0	227	29.5
\$75,000 to \$99,999	196	15.5	0	0.0	196	25.5
\$100,000 or more	346	27.4	0	0.0	346	45.0
Don't know/Not sure	25	2.0	0	0.0	0	0.0
Prefer not to answer	174	13.8	0	0.0	0	0.0
Respondents	1263 (70 missing)	.	. (0 missing)	.	769 (0 missing)	.

7. What was your total household income last year before taxes?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Less than \$10,000	26	2.1	4	2.6	2	4.7	20	2.0
\$10,000 to \$14,999	29	2.3	4	2.6	0	0.0	22	2.2
\$15,000 to \$24,999	50	4.0	11	7.3	2	4.7	38	3.8
\$25,000 to \$34,999	69	5.5	14	9.3	4	9.3	51	5.1
\$35,000 to \$49,999	121	9.6	18	11.9	5	11.6	93	9.4
\$50,000 to \$74,999	227	18.0	37	24.5	8	18.6	167	16.8
\$75,000 to \$99,999	196	15.5	19	12.6	6	14.0	167	16.8
\$100,000 or more	346	27.4	29	19.2	9	20.9	294	29.6
Don't know/Not sure	25	2.0	2	1.3	3	7.0	18	1.8
Prefer not to answer	174	13.8	13	8.6	4	9.3	124	12.5
Respondents	1263 (70 missing)	.	151 (0 missing)	.	43 (0 missing)	.	994 (1 missing)	.

SECTION 2: COMMUNITY ISSUES

8. Community agreement statements, part 1.

Please tell us whether you 'strongly agree,' 'agree,' 'neither agree nor disagree,' 'disagree,' or strongly disagree' with each of the following statements for the community in which you live

New Hanover County is a good place to raise children.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	128	10.7	27	9.6	85	11.6
Agree	568	47.6	122	43.3	377	51.5
Neither agree nor disagree	309	25.9	80	28.4	169	23.1
Disagree	133	11.1	38	13.5	68	9.3
Strongly Disagree	31	2.6	7	2.5	17	2.3
Prefer not to answer	24	2.0	8	2.8	16	2.2
Respondents	1193 (140 missing)	.	282 (13 missing)	.	732 (37 missing)	.

New Hanover County is a good place to raise children.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	128	10.7	13	9.0	8	20.5	108	11.5
Agree	568	47.6	51	35.2	21	53.8	469	49.8
Neither agree nor disagree	309	25.9	43	29.7	6	15.4	235	25.0
Disagree	133	11.1	30	20.7	4	10.3	88	9.4
Strongly Disagree	31	2.6	6	4.1	0	0.0	20	2.1
Prefer not to answer	24	2.0	2	1.4	0	0.0	21	2.2
Respondents	1193 (140 missing)	.	145 (6 missing)	.	39 (4 missing)	.	941 (54 missing)	.

New Hanover County is a good place to grow old.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	146	12.3	40	14.2	91	12.5
Agree	570	48.0	120	42.7	363	49.7
Neither agree nor disagree	256	21.5	67	23.8	151	20.7
Disagree	158	13.3	42	14.9	93	12.7
Strongly Disagree	56	4.7	11	3.9	32	4.4
Prefer not to answer	2	0.2	1	0.4	0	0.0
Respondents	1188 (145 missing)	.	281 (14 missing)	.	730 (39 missing)	.

New Hanover County is a good place to grow old.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	146	12.3	22	15.3	8	21.1	118	12.6
Agree	570	48.0	67	46.5	17	44.7	456	48.6
Neither agree nor disagree	256	21.5	32	22.2	4	10.5	198	21.1
Disagree	158	13.3	17	11.8	9	23.7	122	13.0
Strongly Disagree	56	4.7	6	4.2	0	0.0	43	4.6
Prefer not to answer	2	0.2	0	0.0	0	0.0	2	0.2
Respondents	1188 (145 missing)	.	144 (7 missing)	.	38 (5 missing)	.	939 (56 missing)	.

New Hanover County is accessible for people with disabilities.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	55	4.6	16	5.7	32	4.4
Agree	351	29.5	92	32.7	214	29.3
Neither agree nor disagree	429	36.1	90	32.0	262	35.9
Disagree	254	21.3	61	21.7	156	21.4
Strongly Disagree	77	6.5	15	5.3	52	7.1
Prefer not to answer	24	2.0	7	2.5	14	1.9
Respondents	1190 (143 missing)	.	281 (14 missing)	.	730 (39 missing)	.

New Hanover County is accessible for people with disabilities.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	55	4.6	7	4.8	3	7.9	40	4.3
Agree	351	29.5	58	40.0	12	31.6	264	28.1
Neither agree nor disagree	429	36.1	50	34.5	8	21.1	351	37.3
Disagree	254	21.3	21	14.5	9	23.7	207	22.0
Strongly Disagree	77	6.5	7	4.8	5	13.2	58	6.2
Prefer not to answer	24	2.0	2	1.4	1	2.6	20	2.1
Respondents	1190 (143 missing)	.	145 (6 missing)	.	38 (5 missing)	.	940 (55 missing)	.

New Hanover County is inclusive and respectful of diversity.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	97	8.1	29	10.3	55	7.5
Agree	383	32.1	90	31.9	236	32.3
Neither agree nor disagree	299	25.1	71	25.2	174	23.8
Disagree	278	23.3	59	20.9	187	25.6
Strongly Disagree	118	9.9	31	11.0	68	9.3
Prefer not to answer	17	1.4	2	0.7	11	1.5
Respondents	1192 (141 missing)	.	282 (13 missing)	.	731 (38 missing)	.

New Hanover County is inclusive and respectful of diversity.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	97	8.1	4	2.7	6	15.4	79	8.4
Agree	383	32.1	24	16.4	11	28.2	328	34.9
Neither agree nor disagree	299	25.1	35	24.0	7	17.9	244	25.9
Disagree	278	23.3	44	30.1	12	30.8	208	22.1
Strongly Disagree	118	9.9	38	26.0	3	7.7	69	7.3
Prefer not to answer	17	1.4	1	0.7	0	0.0	13	1.4
Respondents	1192 (141 missing)	.	146 (5 missing)	.	39 (4 missing)	.	941 (54 missing)	.

I can access good healthcare in New Hanover County.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	140	11.8	36	12.8	89	12.2
Agree	534	44.8	124	44.0	331	45.4
Neither agree nor disagree	194	16.3	53	18.8	116	15.9
Disagree	178	14.9	39	13.8	108	14.8
Strongly Disagree	138	11.6	28	9.9	81	11.1
Prefer not to answer	7	0.6	2	0.7	4	0.5
Respondents	1191 (142 missing)	.	282 (13 missing)	.	729 (40 missing)	.

I can access good healthcare in New Hanover County.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	140	11.8	19	13.0	4	10.3	117	12.5
Agree	534	44.8	67	45.9	17	43.6	425	45.3
Neither agree nor disagree	194	16.3	26	17.8	6	15.4	139	14.8
Disagree	178	14.9	17	11.6	9	23.1	142	15.1
Strongly Disagree	138	11.6	16	11.0	2	5.1	112	11.9
Prefer not to answer	7	0.6	1	0.7	1	2.6	4	0.4
Respondents	1191 (142 missing)	.	146 (5 missing)	.	39 (4 missing)	.	939 (56 missing)	.

I am connected and socially supported by others in New Hanover County (family, friends, neighbors, etc.)	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	309	26.0	63	22.5	199	27.3
Agree	620	52.2	139	49.6	395	54.1
Neither agree nor disagree	148	12.5	44	15.7	81	11.1
Disagree	75	6.3	23	8.2	38	5.2
Strongly Disagree	28	2.4	8	2.9	15	2.1
Prefer not to answer	7	0.6	3	1.1	2	0.3
Respondents	1187 (146 missing)	.	280 (15 missing)	.	730 (39 missing)	.

I am connected and socially supported by others in New Hanover County (family, friends, neighbors, etc.)	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	309	26.0	29	20.1	8	20.5	259	27.6
Agree	620	52.2	74	51.4	18	46.2	495	52.8
Neither agree nor disagree	148	12.5	25	17.4	7	17.9	103	11.0
Disagree	75	6.3	13	9.0	4	10.3	54	5.8
Strongly Disagree	28	2.4	3	2.1	2	5.1	21	2.2
Prefer not to answer	7	0.6	0	0.0	0	0.0	5	0.5
Respondents	1187 (146 missing)	.	144 (7 missing)	.	39 (4 missing)	.	937 (58 missing)	.

9. Community agreement statements, part 2.

Please tell us whether you 'strongly agree,' 'agree,' 'neither agree nor disagree,' 'disagree,' or strongly disagree' with each of the following statements for the community in which you live

I can find employment that matches my skills in New Hanover County.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	177	14.8	32	11.3	132	18.0
Agree	466	39.0	106	37.6	299	40.8
Neither agree nor disagree	245	20.5	60	21.3	129	17.6
Disagree	173	14.5	46	16.3	103	14.1
Strongly Disagree	89	7.5	26	9.2	49	6.7
Prefer not to answer	44	3.7	12	4.3	20	2.7
Respondents	1194 (139 missing)	.	282 (13 missing)	.	732 (37 missing)	.

I can find employment that matches my skills in New Hanover County.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	177	14.8	16	11.0	5	12.8	149	15.8
Agree	466	39.0	54	37.0	17	43.6	379	40.3
Neither agree nor disagree	245	20.5	28	19.2	7	17.9	195	20.7
Disagree	173	14.5	24	16.4	5	12.8	125	13.3
Strongly Disagree	89	7.5	15	10.3	3	7.7	62	6.6
Prefer not to answer	44	3.7	9	6.2	2	5.1	31	3.3
Respondents	1194 (139 missing)	.	146 (5 missing)	.	39 (4 missing)	.	941 (54 missing)	.

I can find affordable housing in New Hanover County.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	35	3.0	5	1.8	24	3.3
Agree	194	16.4	37	13.2	129	17.8
Neither agree nor disagree	130	11.0	22	7.9	81	11.2
Disagree	345	29.1	85	30.4	218	30.0
Strongly Disagree	466	39.4	126	45.0	268	36.9
Prefer not to answer	14	1.2	5	1.8	6	0.8
Respondents	1184 (149 missing)	.	280 (15 missing)	.	726 (43 missing)	.

I can find affordable housing in New Hanover County.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	35	3.0	4	2.8	1	2.6	26	2.8
Agree	194	16.4	22	15.3	6	15.4	162	17.3
Neither agree nor disagree	130	11.0	18	12.5	8	20.5	97	10.4
Disagree	345	29.1	34	23.6	9	23.1	281	30.1
Strongly Disagree	466	39.4	64	44.4	15	38.5	357	38.2
Prefer not to answer	14	1.2	2	1.4	0	0.0	12	1.3
Respondents	1184 (149 missing)	.	144 (7 missing)	.	39 (4 missing)	.	935 (60 missing)	.

I can easily travel in New Hanover County.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	82	6.9	19	6.8	56	7.7
Agree	437	36.8	105	37.5	267	36.6
Neither agree nor disagree	167	14.1	45	16.1	88	12.1
Disagree	330	27.8	68	24.3	215	29.5
Strongly Disagree	169	14.2	42	15.0	102	14.0
Prefer not to answer	2	0.2	1	0.4	1	0.1
Respondents	1187 (146 missing)	.	280 (15 missing)	.	729 (40 missing)	.

I can easily travel in New Hanover County.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	82	6.9	16	11.1	1	2.6	62	6.6
Agree	437	36.8	63	43.8	16	42.1	335	35.8
Neither agree nor disagree	167	14.1	20	13.9	8	21.1	130	13.9
Disagree	330	27.8	30	20.8	9	23.7	274	29.2
Strongly Disagree	169	14.2	15	10.4	4	10.5	134	14.3
Prefer not to answer	2	0.2	0	0.0	0	0.0	2	0.2
Respondents	1187 (146 missing)	.	144 (7 missing)	.	38 (5 missing)	.	937 (58 missing)	.

I can find resources that promote sexual health in New Hanover County.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	69	5.8	24	8.5	37	5.1
Agree	337	28.4	91	32.4	210	28.8
Neither agree nor disagree	563	47.4	116	41.3	354	48.6
Disagree	117	9.8	28	10.0	76	10.4
Strongly Disagree	44	3.7	10	3.6	29	4.0
Prefer not to answer	58	4.9	12	4.3	22	3.0
Respondents	1188 (145 missing)	.	281 (14 missing)	.	728 (41 missing)	.

I can find resources that promote sexual health in New Hanover County.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	69	5.8	7	4.8	3	7.7	56	6.0
Agree	337	28.4	47	32.2	18	46.2	259	27.6
Neither agree nor disagree	563	47.4	62	42.5	9	23.1	456	48.7
Disagree	117	9.8	17	11.6	2	5.1	92	9.8
Strongly Disagree	44	3.7	9	6.2	3	7.7	31	3.3
Prefer not to answer	58	4.9	4	2.7	4	10.3	43	4.6
Respondents	1188 (145 missing)	.	146 (5 missing)	.	39 (4 missing)	.	937 (58 missing)	.

I can find mental health resources in New Hanover County.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	72	6.1	31	11.1	35	4.8
Agree	479	40.3	114	40.7	311	42.6
Neither agree nor disagree	331	27.8	69	24.6	187	25.6
Disagree	184	15.5	43	15.4	117	16.0
Strongly Disagree	101	8.5	18	6.4	65	8.9
Prefer not to answer	23	1.9	5	1.8	15	2.1
Respondents	1190 (143 missing)	.	280 (15 missing)	.	730 (39 missing)	.

I can find mental health resources in New Hanover County.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	72	6.1	11	7.5	2	5.1	56	6.0
Agree	479	40.3	64	43.8	24	61.5	376	40.1
Neither agree nor disagree	331	27.8	26	17.8	6	15.4	277	29.6
Disagree	184	15.5	27	18.5	5	12.8	137	14.6
Strongly Disagree	101	8.5	16	11.0	1	2.6	74	7.9
Prefer not to answer	23	1.9	2	1.4	1	2.6	17	1.8
Respondents	1190 (143 missing)	.	146 (5 missing)	.	39 (4 missing)	.	937 (58 missing)	.

I have access to prenatal care in New Hanover County.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	104	8.8	25	8.9	71	9.8
Agree	353	29.8	73	25.9	239	33.1
Neither agree nor disagree	552	46.6	142	50.4	321	44.4
Disagree	20	1.7	3	1.1	13	1.8
Strongly Disagree	16	1.4	2	0.7	10	1.4
Prefer not to answer	139	11.7	37	13.1	69	9.5
Respondents	1184 (149 missing)	.	282 (13 missing)	.	723 (46 missing)	.

I have access to prenatal care in New Hanover County.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	104	8.8	12	8.2	2	5.1	87	9.3
Agree	353	29.8	51	34.9	27	69.2	266	28.5
Neither agree nor disagree	552	46.6	60	41.1	6	15.4	449	48.1
Disagree	20	1.7	2	1.4	0	0.0	16	1.7
Strongly Disagree	16	1.4	4	2.7	1	2.6	10	1.1
Prefer not to answer	139	11.7	17	11.6	3	7.7	106	11.3
Respondents	1184 (149 missing)	.	146 (5 missing)	.	39 (4 missing)	.	934 (61 missing)	.

I can find resources that help with substance use disorders (including opioids) in New Hanover County.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	81	6.8	24	8.6	51	7.0
Agree	422	35.4	108	38.6	265	36.3
Neither agree nor disagree	463	38.9	104	37.1	279	38.2
Disagree	106	8.9	16	5.7	74	10.1
Strongly Disagree	45	3.8	8	2.9	30	4.1
Prefer not to answer	74	6.2	20	7.1	32	4.4
Respondents	1191 (142 missing)	.	280 (15 missing)	.	731 (38 missing)	.

I can find resources that help with substance use disorders (including opioids) in New Hanover County.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	81	6.8	11	7.6	2	5.1	66	7.0
Agree	422	35.4	62	42.8	19	48.7	331	35.3
Neither agree nor disagree	463	38.9	41	28.3	9	23.1	378	40.3
Disagree	106	8.9	13	9.0	3	7.7	77	8.2
Strongly Disagree	45	3.8	9	6.2	1	2.6	30	3.2
Prefer not to answer	74	6.2	9	6.2	5	12.8	57	6.1
Respondents	1191 (142 missing)	.	145 (6 missing)	.	39 (4 missing)	.	939 (56 missing)	.

I can find resources to help quit using tobacco products in New Hanover County.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	61	5.1	22	7.9	32	4.4
Agree	351	29.6	84	30.0	217	29.8
Neither agree nor disagree	585	49.3	126	45.0	370	50.8
Disagree	77	6.5	21	7.5	45	6.2
Strongly Disagree	36	3.0	8	2.9	24	3.3
Prefer not to answer	77	6.5	19	6.8	40	5.5
Respondents	1187 (146 missing)	.	280 (15 missing)	.	728 (41 missing)	.

I can find resources to help quit using tobacco products in New Hanover County.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	61	5.1	7	4.9	2	5.1	50	5.3
Agree	351	29.6	53	36.8	18	46.2	268	28.6
Neither agree nor disagree	585	49.3	58	40.3	11	28.2	474	50.5
Disagree	77	6.5	12	8.3	1	2.6	60	6.4
Strongly Disagree	36	3.0	7	4.9	2	5.1	24	2.6
Prefer not to answer	77	6.5	7	4.9	5	12.8	62	6.6
Respondents	1187 (146 missing)	.	144 (7 missing)	.	39 (4 missing)	.	938 (57 missing)	.

There are affordable daycare and afterschool resources in New Hanover County to support youth.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	18	1.5	6	2.2	12	1.6
Agree	125	10.5	37	13.3	68	9.3
Neither agree nor disagree	437	36.8	108	38.7	260	35.7
Disagree	337	28.4	69	24.7	223	30.6
Strongly Disagree	201	16.9	39	14.0	128	17.6
Prefer not to answer	69	5.8	20	7.2	37	5.1
Respondents	1187 (146 missing)	.	279 (16 missing)	.	728 (41 missing)	.

There are affordable daycare and afterschool resources in New Hanover County to support youth.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	18	1.5	1	0.7	1	2.6	15	1.6
Agree	125	10.5	15	10.5	8	20.5	99	10.6
Neither agree nor disagree	437	36.8	36	25.2	8	20.5	367	39.2
Disagree	337	28.4	49	34.3	10	25.6	258	27.5
Strongly Disagree	201	16.9	34	23.8	9	23.1	146	15.6
Prefer not to answer	69	5.8	8	5.6	3	7.7	52	5.5
Respondents	1187 (146 missing)	.	143 (8 missing)	.	39 (4 missing)	.	937 (58 missing)	.

10. In your opinion, which THREE (3) of the following social and economic factors are impacting the health of your community the most?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Discrimination	225	19.7	69	25.6	134	19.0
Lack of educational opportunities	94	8.2	18	6.7	61	8.7
Lack of employment opportunities	299	26.2	63	23.3	187	26.6
Lack of sufficient income	630	55.2	179	66.3	380	54.0
Lack of access to healthy and affordable food	359	31.5	87	32.2	229	32.5
Lack of community and social support	125	11.0	28	10.4	77	10.9
Lack of recreational and entertainment opportunities	96	8.4	22	8.1	58	8.2
Lack of community and interpersonal safety	203	17.8	38	14.1	131	18.6
Lack of affordable and safe housing	875	76.7	215	79.6	553	78.6
Other (please specify)	178	15.6	29	10.7	115	16.3

None	26	2.3	7	2.6	15	2.1
Unsure/Don't know	48	4.2	8	3.0	27	3.8
Prefer not to answer	4	0.4	1	0.4	2	0.3
Respondents	1141 (192 missing)	.	270 (25 missing)	.	704 (65 missing)	.

10. In your opinion, which THREE (3) of the following social and economic factors are impacting the health of your community the most?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Discrimination	225	19.7	67	47.2	11	29.7	141	15.7
Lack of educational opportunities	94	8.2	11	7.7	9	24.3	67	7.5
Lack of employment opportunities	299	26.2	37	26.1	9	24.3	230	25.6
Lack of sufficient income	630	55.2	88	62.0	17	45.9	492	54.7
Lack of access to healthy and affordable food	359	31.5	37	26.1	8	21.6	302	33.6
Lack of community and social support	125	11.0	11	7.7	4	10.8	101	11.2
Lack of recreational and entertainment opportunities	96	8.4	25	17.6	4	10.8	66	7.3
Lack of community and interpersonal safety	203	17.8	13	9.2	5	13.5	173	19.2
Lack of affordable and safe housing	875	76.7	113	79.6	24	64.9	701	78.0
Other (please specify)	178	15.6	8	5.6	6	16.2	145	16.1
None	26	2.3	0	0.0	0	0.0	22	2.4
Unsure/Don't know	48	4.2	3	2.1	3	8.1	38	4.2
Prefer not to answer	4	0.4	0	0.0	0	0.0	4	0.4
Respondents	1141 (192 missing)	.	142 (9 missing)	.	37 (6 missing)	.	899 (96 missing)	.

11. In your opinion, which ONE (1) of the following health outcomes most impacts your community?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Chronic diseases and conditions (heart disease, cancer, asthma, diabetes, etc)	313	27.4	58	21.4	209	29.7
Drug overdose	183	16.0	55	20.3	101	14.4
Injuries	9	0.8	4	1.5	4	0.6
Mental health conditions	407	35.7	101	37.3	259	36.8
Poor birth outcomes	5	0.4	0	0.0	5	0.7
Other (please specify):	85	7.4	20	7.4	47	6.7
None	11	1.0	1	0.4	10	1.4
Unsure/Don't know	123	10.8	30	11.1	67	9.5
Prefer not to answer	5	0.4	2	0.7	1	0.1
Respondents	1141 (192 missing)	.	271 (24 missing)	.	703 (66 missing)	.

11. In your opinion, which ONE (1) of the following health outcomes most impacts your community?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Chronic diseases and conditions (heart disease, cancer, asthma, diabetes, etc)	313	27.4	41	28.9	11	28.9	247	27.5
Drug overdose	183	16.0	27	19.0	5	13.2	140	15.6
Injuries	9	0.8	3	2.1	0	0.0	6	0.7
Mental health conditions	407	35.7	41	28.9	11	28.9	337	37.5
Poor birth outcomes	5	0.4	2	1.4	1	2.6	2	0.2
Other (please specify):	85	7.4	13	9.2	3	7.9	62	6.9
None	11	1.0	3	2.1	0	0.0	7	0.8
Unsure/Don't know	123	10.8	11	7.7	6	15.8	94	10.5
Prefer not to answer	5	0.4	1	0.7	1	2.6	3	0.3
Respondents	1141 (192 missing)	.	142 (9 missing)	.	38 (5 missing)	.	898 (97 missing)	.

12. In your opinion, which THREE (3) health behavior topics do people in your community need more information about?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Nutrition	304	26.7	82	30.4	181	25.7
Physical activity	177	15.5	32	11.9	121	17.2
Managing stress	393	34.5	94	34.8	249	35.4
Sun protection	78	6.8	26	9.6	40	5.7
Seeking health services	404	35.4	101	37.4	244	34.7
Safe water play	99	8.7	22	8.1	63	9.0
Sexual health	125	11.0	41	15.2	76	10.8
Sleep	67	5.9	11	4.1	48	6.8
Substance use	478	41.9	115	42.6	303	43.1
Tobacco use	72	6.3	13	4.8	53	7.5
Vaccination (childhood, flu, HPV, shingles, etc.)	105	9.2	25	9.3	68	9.7
COVID-19 Vaccine	93	8.2	22	8.1	55	7.8
Violence	398	34.9	97	35.9	241	34.3
Getting Health Screenings	294	25.8	76	28.1	173	24.6
Other (please specify):	76	6.7	11	4.1	52	7.4
None	12	1.1	2	0.7	6	0.9
Unsure/Don't know	43	3.8	7	2.6	28	4.0
Prefer not to answer	6	0.5	2	0.7	0	0.0
Respondents	1140 (193 missing)	.	270 (25 missing)	.	703 (66 missing)	.

12. In your opinion, which THREE (3) health behavior topics do people in your community need more information about?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Nutrition	304	26.7	38	26.8	11	29.7	230	25.6
Physical activity	177	15.5	26	18.3	5	13.5	126	14.0
Managing stress	393	34.5	69	48.6	12	32.4	302	33.6
Sun protection	78	6.8	2	1.4	1	2.7	73	8.1
Seeking health services	404	35.4	47	33.1	14	37.8	328	36.5
Safe water play	99	8.7	10	7.0	3	8.1	79	8.8
Sexual health	125	11.0	27	19.0	6	16.2	90	10.0
Sleep	67	5.9	1	0.7	2	5.4	58	6.5
Substance use	478	41.9	46	32.4	14	37.8	403	44.9
Tobacco use	72	6.3	9	6.3	0	0.0	60	6.7
Vaccination (childhood, flu, HPV, shingles, etc.)	105	9.2	9	6.3	4	10.8	89	9.9
COVID-19 Vaccine	93	8.2	12	8.5	8	21.6	72	8.0
Violence	398	34.9	67	47.2	10	27.0	302	33.6

Getting Health Screenings	294	25.8	42	29.6	6	16.2	235	26.2
Other (please specify):	76	6.7	6	4.2	3	8.1	58	6.5
None	12	1.1	2	1.4	0	0.0	7	0.8
Unsure/Don't know	43	3.8	2	1.4	4	10.8	34	3.8
Prefer not to answer	6	0.5	0	0.0	0	0.0	4	0.4
Respondents	1140 (193 missing)	.	142 (9 missing)	.	37 (6 missing)	.	898 (97 missing)	.

13. Where do you get your health information? Select all that apply	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
My doctor or primary care provider	982	86.0	220	81.8	624	88.5
New Hanover County Health Department	234	20.5	61	22.7	145	20.6
News media/Television	299	26.2	80	29.7	178	25.2
My friends, family, or community	409	35.8	105	39.0	244	34.6
Social media	188	16.5	62	23.0	109	15.5
Hospital	153	13.4	41	15.2	94	13.3
Pharmacist	243	21.3	64	23.8	152	21.6
Place of religious worship	33	2.9	12	4.5	17	2.4
Internet	546	47.8	139	51.7	336	47.7
Other (please specify)	100	8.8	13	4.8	71	10.1
Don't know/Not sure	3	0.3	2	0.7	0	0.0
Prefer not to answer	6	0.5	2	0.7	3	0.4
Respondents	1142 (191 missing)	.	269 (26 missing)	.	705 (64 missing)	.

13. Where do you get your health information? Select all that apply	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
My doctor or primary care provider	982	86.0	117	83.6	22	59.5	791	87.7
New Hanover County Health Department	234	20.5	23	16.4	11	29.7	195	21.6
News media/Television	299	26.2	48	34.3	8	21.6	230	25.5
My friends, family, or community	409	35.8	54	38.6	12	32.4	322	35.7
Social media	188	16.5	26	18.6	9	24.3	145	16.1
Hospital	153	13.4	20	14.3	5	13.5	123	13.6
Pharmacist	243	21.3	25	17.9	7	18.9	202	22.4
Place of religious worship	33	2.9	15	10.7	1	2.7	14	1.6

Internet	546	47.8	61	43.6	12	32.4	442	49.0
Other (please specify)	100	8.8	10	7.1	4	10.8	76	8.4
Don't know/Not sure	3	0.3	0	0.0	0	0.0	3	0.3
Prefer not to answer	6	0.5	0	0.0	1	2.7	3	0.3
Respondents	1142 (191 missing)	.	140 (11 missing)	.	37 (6 missing)	.	902 (93 missing)	.

14. How much do you trust health information you receive from the New Hanover County Health Department?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
A lot	163	69.7	40	65.6	104	71.7
Somewhat	65	27.8	20	32.8	38	26.2
Not at all	5	2.1	1	1.6	2	1.4
Prefer not to answer	1	0.4	0	0.0	1	0.7
Respondents	234 (1099 missing)	.	61 (234 missing)	.	145 (624 missing)	.

14. How much do you trust health information you receive from the New Hanover County Health Department?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
A lot	163	69.7	14	60.9	8	72.7	138	70.8
Somewhat	65	27.8	7	30.4	2	18.2	54	27.7
Not at all	5	2.1	1	4.3	1	9.1	3	1.5
Prefer not to answer	1	0.4	1	4.3	0	0.0	0	0.0
Respondents	234 (1099 missing)	.	23 (128 missing)	.	11 (32 missing)	.	195 (800 missing)	.

SECTION 3: BARRIERS TO HEALTH CARE ACCESS

15. In the past 12 months, have you experienced any of these problems while seeking care? By 'problem,' that includes needing to travel outside New Hanover for care. Select all that apply	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
No health insurance	83	7.4	43	16.3	31	4.5
Insurance didn't cover what I needed	281	25.0	71	27.0	170	24.5
Cost was too high	368	32.8	103	39.2	219	31.6
Insurance or Medicaid not accepted	120	10.7	49	18.6	54	7.8
Pharmacy too far away	4	0.4	3	1.1	0	0.0
No capacity at provider	168	15.0	27	10.3	114	16.4
Language or other communication barrier	11	1.0	3	1.1	5	0.7
Faced discrimination based on race, disability status, & other discrimination in the healthcare system	48	4.3	12	4.6	31	4.5
Concerns about getting COVID-19 at a visit	105	9.4	30	11.4	56	8.1
Provider or office was too far away	26	2.3	7	2.7	15	2.2
No way to get there	26	2.3	14	5.3	8	1.2
Service was not available in New Hanover	109	9.7	19	7.2	74	10.7
Not enough providers offer the service	192	17.1	41	15.6	118	17.0
Didn't know where to go	67	6.0	27	10.3	30	4.3
No appointments available in the timeframe I needed	321	28.6	58	22.1	206	29.7
I didn't have childcare	24	2.1	7	2.7	16	2.3
Other (Please specify):	82	7.3	17	6.5	46	6.6
I did not experience any of these problems	324	28.9	68	25.9	218	31.4
Prefer not to answer	17	1.5	5	1.9	8	1.2
Respondents	1122 (211 missing)	.	263 (32 missing)	.	694 (75 missing)	.

15. In the past 12 months, have you experienced any of these problems while seeking care? By 'problem,' that includes needing to travel outside New Hanover for care. Select all that apply	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
No health insurance	83	7.4	17	12.2	6	16.2	60	6.8
Insurance didn't cover what I needed	281	25.0	23	16.5	9	24.3	229	25.9
Cost was too high	368	32.8	43	30.9	12	32.4	283	32.0
Insurance or Medicaid not accepted	120	10.7	13	9.4	5	13.5	97	11.0
Pharmacy too far away	4	0.4	2	1.4	0	0.0	1	0.1
No capacity at provider	168	15.0	13	9.4	7	18.9	138	15.6
Language or other communication barrier	11	1.0	0	0.0	4	10.8	5	0.6
Faced discrimination based on race, disability status, & other discrimination in the healthcare system	48	4.3	15	10.8	4	10.8	26	2.9
Concerns about getting COVID-19 at a visit	105	9.4	14	10.1	3	8.1	82	9.3
Provider or office was too far away	26	2.3	1	0.7	0	0.0	25	2.8
No way to get there	26	2.3	4	2.9	1	2.7	21	2.4
Service was not available in New Hanover	109	9.7	6	4.3	3	8.1	93	10.5
Not enough providers offer the service	192	17.1	16	11.5	3	8.1	161	18.2
Didn't know where to go	67	6.0	4	2.9	1	2.7	58	6.6
No appointments available in the timeframe I needed	321	28.6	27	19.4	13	35.1	257	29.1
I didn't have childcare	24	2.1	10	7.2	2	5.4	12	1.4
Other (Please specify):	82	7.3	8	5.8	2	5.4	64	7.2
I did not experience any of these problems	324	28.9	45	32.4	7	18.9	262	29.7
Prefer not to answer	17	1.5	1	0.7	2	5.4	12	1.4
Respondents	1122 (211 missing)	.	139 (12 missing)	.	37 (6 missing)	.	883 (112 missing)	.

SECTION 4: SUBSTANCE USE (ILLICIT DRUGS, MEDICATIONS, NICOTINE, & ALCOHOL)

16. Considering all types of alcoholic beverages, how many times during the past month/30 days did you have 5 or more standard drinks on an occasion?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
None - I did not drink 5 or more drinks at one time	793	70.5	186	69.7	472	68.1
1-2 times per month	127	11.3	34	12.7	83	12.0
3-4 times per month	74	6.6	13	4.9	56	8.1
5-6 times per month	33	2.9	9	3.4	24	3.5
7-10 times per month	30	2.7	8	3.0	19	2.7
11-13 times per month	9	0.8	2	0.7	7	1.0
14 or more times per month	31	2.8	7	2.6	23	3.3
Prefer not to answer	28	2.5	8	3.0	9	1.3
Respondents	1125 (208 missing)	.	267 (28 missing)	.	693 (76 missing)	.

16. Considering all types of alcoholic beverages, how many times during the past month/30 days did you have 5 or more standard drinks on an occasion?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
None - I did not drink 5 or more drinks at one time	793	70.5	106	76.8	19	51.4	620	69.9
1-2 times per month	127	11.3	8	5.8	6	16.2	108	12.2
3-4 times per month	74	6.6	10	7.2	7	18.9	53	6.0
5-6 times per month	33	2.9	5	3.6	0	0.0	28	3.2
7-10 times per month	30	2.7	5	3.6	2	5.4	23	2.6
11-13 times per month	9	0.8	0	0.0	1	2.7	8	0.9
14 or more times per month	31	2.8	2	1.4	1	2.7	27	3.0
Prefer not to answer	28	2.5	2	1.4	1	2.7	20	2.3
Respondents	1125 (208 missing)	.	138 (13 missing)	.	37 (6 missing)	.	887 (108 missing)	.

16a. Of those who reported binge-drinking: How much has your alcohol usage impacted your overall well-being?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Not at all	156	51.8	40	55.6	106	50.2
Somewhat	68	22.6	15	20.8	50	23.7
A little bit	48	15.9	7	9.7	36	17.1
A great deal	16	5.3	6	8.3	10	4.7
Don't know/Not sure	10	3.3	2	2.8	8	3.8
Prefer not to answer	3	1.0	2	2.8	1	0.5
Respondents	301 (1032 missing)	.	72 (223 missing)	.	211 (558 missing)	.

16a. Of those who reported binge-drinking: How much has your alcohol usage impacted your overall well-being?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Not at all	156	51.8	21	70.0	12	70.6	117	47.8
Somewhat	68	22.6	5	16.7	1	5.9	62	25.3
A little bit	48	15.9	3	10.0	3	17.6	41	16.7
A great deal	16	5.3	0	0.0	0	0.0	15	6.1
Don't know/Not sure	10	3.3	0	0.0	1	5.9	8	3.3
Prefer not to answer	3	1.0	1	3.3	0	0.0	2	0.8
Respondents	301 (1032 missing)	.	30 (121 missing)	.	17 (26 missing)	.	245 (750 missing)	.

17. Have you or a friend/family member used any of the following illicit drugs in the past 12 months?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Cocaine or crack	27	2.4	15	5.6	10	1.5
Ecstasy	4	0.4	2	0.8	2	0.3
Heroin	11	1.0	4	1.5	5	0.7
Marijuana	227	20.4	55	20.7	154	22.4
Methamphetamines	10	0.9	3	1.1	7	1.0
Other (specify):	15	1.3	9	3.4	5	0.7
Unknown drug(s)	8	0.7	5	1.9	1	0.1
Don't know/Not sure	60	5.4	17	6.4	36	5.2
None of the above	774	69.4	172	64.7	474	68.9
Prefer not to answer	40	3.6	13	4.9	20	2.9

Respondents	1115 (218 missing)	.	266 (29 missing)	.	688 (81 missing)	.
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17. Have your or a friend/family member used any of the following illicit drugs in the past 12 months?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Cocaine or crack	27	2.4	2	1.5	2	5.4	21	2.4
Ecstasy	4	0.4	1	0.7	0	0.0	3	0.3
Heroin	11	1.0	2	1.5	2	5.4	6	0.7
Marijuana	227	20.4	14	10.2	9	24.3	195	22.2
Methamphetamines	10	0.9	0	0.0	0	0.0	9	1.0
Other (specify):	15	1.3	4	2.9	1	2.7	9	1.0
Unknown drug(s)	8	0.7	2	1.5	0	0.0	5	0.6
Don't know/Not sure	60	5.4	12	8.8	3	8.1	42	4.8
None of the above	774	69.4	99	72.3	21	56.8	609	69.2
Prefer not to answer	40	3.6	5	3.6	3	8.1	26	3.0
Respondents	1115 (218 missing)	.	137 (14 missing)	.	37 (6 missing)	.	880 (115 missing)	.

17a. Have you or a friend/family member taken medication that is not prescribed to you/them or in a way other than prescribed by your/their provider in the past 12 months?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Yes	63	5.6	16	6.0	39	5.7
No	978	87.5	223	83.5	611	88.8
Don't know/Not sure	65	5.8	24	9.0	35	5.1
Prefer not to answer	12	1.1	4	1.5	3	0.4
Respondents	1118 (215 missing)	.	267 (28 missing)	.	688 (81 missing)	.

17a. Have you or a friend/family member taken medication that is not prescribed to you/them or in a way other than prescribed by your/their provider in the past 12 months?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Yes	63	5.6	6	4.3	4	10.8	51	5.8
No	978	87.5	123	89.1	31	83.8	773	87.7
Don't know/Not sure	65	5.8	7	5.1	2	5.4	49	5.6
Prefer not to answer	12	1.1	2	1.4	0	0.0	8	0.9
Respondents	1118 (215 missing)	.	138 (13 missing)	.	37 (6 missing)	.	881 (114 missing)	.

17b. Of those who reported illicit drug use by self/friend/family member: Did you or your friend/family member seek treatment?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Yes	31	9.8	10	12.0	17	8.3
No	214	67.7	51	61.4	144	70.6
Don't know/Not sure	59	18.7	18	21.7	35	17.2
Prefer not to answer	12	3.8	4	4.8	8	3.9
Respondents	316 (1017 missing)	.	83 (212 missing)	.	204 (565 missing)	.

17b. Of those who reported illicit drug use by self/friend/family member: Did you or your friend/family member seek treatment?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Yes	31	9.8	2	6.3	1	7.7	24	9.3
No	214	67.7	19	59.4	12	92.3	178	69.0
Don't know/Not sure	59	18.7	11	34.4	0	0.0	45	17.4
Prefer not to answer	12	3.8	0	0.0	0	0.0	11	4.3
Respondents	316 (1017 missing)	.	32 (119 missing)	.	13 (30 missing)	.	258 (737 missing)	.

17c. Of those who did not seek treatment: What were the reasons for not seeking a program or treatment service?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Not needed	153	72.9	34	68.0	107	75.9
Transportation	4	1.9	2	4.0	2	1.4
Fear	4	1.9	1	2.0	3	2.1
Cannot afford to go	17	8.1	6	12.0	7	5.0
Cannot get to the office or clinic	1	0.5	0	0.0	1	0.7
Did not have any openings (wait-listed)	5	2.4	0	0.0	4	2.8
Insurance does not cover it	5	2.4	2	4.0	2	1.4
Long wait time	6	2.9	1	2.0	4	2.8
Did not know how to find a program	5	2.4	2	4.0	2	1.4
Stigma of seeking treatment	12	5.7	4	8.0	7	5.0
Lack of capacity at treatment center	1	0.5	0	0.0	1	0.7
Do not want to get in trouble	4	1.9	2	4.0	1	0.7
Do not want to miss work	14	6.7	5	10.0	7	5.0
I can get what I need at the ER	1	0.5	0	0.0	0	0.0
Have not thought of it	13	6.2	4	8.0	7	5.0
Other:	20	9.5	2	4.0	16	11.3
Prefer not to answer	9	4.3	5	10.0	3	2.1
Respondents	210 (1123 missing)	.	50 (245 missing)	.	141 (628 missing)	.

17c. Of those who did not seek treatment: What were the reasons for not seeking a program or treatment service?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Not needed	153	72.9	11	57.9	7	58.3	134	77.0
Transportation	4	1.9	0	0.0	1	8.3	2	1.1
Fear	4	1.9	1	5.3	1	8.3	1	0.6
Cannot afford to go	17	8.1	1	5.3	2	16.7	12	6.9
Cannot get to the office or clinic	1	0.5	0	0.0	0	0.0	0	0.0
Did not have any openings (wait-listed)	5	2.4	0	0.0	0	0.0	4	2.3
Insurance does not cover it	5	2.4	0	0.0	1	8.3	3	1.7
Long wait time	6	2.9	0	0.0	1	8.3	4	2.3
Did not know how to find a program	5	2.4	0	0.0	0	0.0	3	1.7

Stigma of seeking treatment	12	5.7	2	10.5	1	8.3	6	3.4
Lack of capacity at treatment center	1	0.5	1	5.3	0	0.0	0	0.0
Do not want to get in trouble	4	1.9	0	0.0	0	0.0	3	1.7
Do not want to miss work	14	6.7	3	15.8	1	8.3	9	5.2
I can get what I need at the ER	1	0.5	0	0.0	0	0.0	1	0.6
Have not thought of it	13	6.2	1	5.3	1	8.3	11	6.3
Other:	20	9.5	1	5.3	1	8.3	18	10.3
Prefer not to answer	9	4.3	2	10.5	2	16.7	4	2.3
Respondents	210 (1123 missing)	.	19 (132 missing)	.	12 (31 missing)	.	174 (821 missing)	.

18. Substance use services agreement statements

Please tell us whether you 'strongly agree,' 'agree,' 'neither agree nor disagree,' 'disagree,' or strongly disagree' with each of the next few statements thinking specifically about substance use services

In New Hanover, substance use services are affordable.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	21	1.9	9	3.4	10	1.5
Agree	73	6.6	21	7.9	44	6.4
Neither agree nor disagree	248	22.4	57	21.5	156	22.8
Disagree	157	14.2	34	12.8	104	15.2
Strongly disagree	118	10.6	22	8.3	83	12.2
Don't know/Not sure/N/A	482	43.5	116	43.8	284	41.6
Prefer not to answer	9	0.8	6	2.3	2	0.3
Respondents	1108 (225 missing)	.	265 (30 missing)	.	683 (86 missing)	.

In New Hanover, substance use services are affordable.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	21	1.9	3	2.2	3	8.1	17	1.9
Agree	73	6.6	6	4.4	5	13.5	60	6.9
Neither agree nor disagree	248	22.4	38	28.1	6	16.2	187	21.4
Disagree	157	14.2	13	9.6	9	24.3	124	14.2
Strongly disagree	118	10.6	23	17.0	3	8.1	86	9.8
Don't know/Not sure/N/A	482	43.5	50	37.0	10	27.0	396	45.3
Prefer not to answer	9	0.8	2	1.5	1	2.7	4	0.5
Respondents	1108 (225 missing)	.	135 (16 missing)	.	37 (6 missing)	.	874 (121 missing)	.

In New Hanover, substance use services are accessible and easy to find.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	27	2.4	10	3.8	13	1.9
Agree	156	14.1	48	18.3	90	13.2
Neither agree nor disagree	203	18.4	50	19.1	122	17.9
Disagree	189	17.1	34	13.0	129	18.9
Strongly disagree	119	10.8	17	6.5	90	13.2
Don't know/Not sure/N/A	402	36.4	101	38.5	235	34.5
Prefer not to answer	7	0.6	2	0.8	3	0.4
Respondents	1103 (230 missing)	.	262 (33 missing)	.	682 (87 missing)	.

In New Hanover, substance use services are accessible and easy to find.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	27	2.4	3	2.2	3	8.1	20	2.3
Agree	156	14.1	22	16.4	7	18.9	122	14.0
Neither agree nor disagree	203	18.4	31	23.1	6	16.2	154	17.7
Disagree	189	17.1	18	13.4	8	21.6	150	17.2
Strongly disagree	119	10.8	17	12.7	5	13.5	89	10.2
Don't know/Not sure/N/A	402	36.4	39	29.1	8	21.6	333	38.3
Prefer not to answer	7	0.6	4	3.0	0	0.0	2	0.2
Respondents	1103 (230 missing)	.	134 (17 missing)	.	37 (6 missing)	.	870 (125 missing)	.

In New Hanover, substance use services are high quality.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Strongly Agree	17	1.5	7	2.7	9	1.3
Agree	83	7.6	25	9.5	45	6.6
Neither agree nor disagree	292	26.6	69	26.2	183	27.0
Disagree	121	11.0	21	8.0	85	12.5
Strongly disagree	94	8.6	16	6.1	69	10.2
Don't know/Not sure/N/A	483	44.0	120	45.6	286	42.2
Prefer not to answer	8	0.7	5	1.9	1	0.1
Respondents	1098 (235 missing)	.	263 (32 missing)	.	678 (91 missing)	.

In New Hanover, substance use services are high quality.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Strongly Agree	17	1.5	3	2.3	1	2.7	11	1.3
Agree	83	7.6	12	9.0	6	16.2	62	7.2
Neither agree nor disagree	292	26.6	38	28.6	9	24.3	225	26.0
Disagree	121	11.0	13	9.8	6	16.2	91	10.5
Strongly disagree	94	8.6	14	10.5	5	13.5	71	8.2
Don't know/Not sure/N/A	483	44.0	51	38.3	10	27.0	401	46.3
Prefer not to answer	8	0.7	2	1.5	0	0.0	5	0.6
Respondents	1098 (235 missing)	.	133 (18 missing)	.	37 (6 missing)	.	866 (129 missing)	.

19. Do you currently use any kind of tobacco or nicotine product, including smokeless products or vapes, on a daily basis?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Yes	125	11.3	53	20.0	58	8.5
No	969	87.5	208	78.5	620	90.8
Prefer not to answer	14	1.3	4	1.5	5	0.7
Respondents	1108 (225 missing)	.	265 (30 missing)	.	683 (86 missing)	.

19. Do you currently use any kind of tobacco or nicotine product, including smokeless products or vapes, on a daily basis?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Yes	125	11.3	21	15.6	6	16.2	94	10.8
No	969	87.5	113	83.7	31	83.8	771	88.2
Prefer not to answer	14	1.3	1	0.7	0	0.0	9	1.0
Respondents	1108 (225 missing)	.	135 (16 missing)	.	37 (6 missing)	.	874 (121 missing)	.

20. Of those that reported tobacco use: Which products do you use?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Cigarettes	112	89.6	47	88.7	52	89.7
Pipe	2	1.6	1	1.9	1	1.7
Nicotine pouches	5	4.0	2	3.8	3	5.2
Dip or chewing tobacco	5	4.0	0	0.0	4	6.9
Vape pens/E-cigarettes/Juuls	52	41.6	19	35.8	27	46.6
Cigars	5	4.0	4	7.5	1	1.7
Other:	2	1.6	1	1.9	1	1.7
Prefer not to answer	1	0.8	0	0.0	1	1.7
Respondents	125 (1208 missing)	.	53 (242 missing)	.	58 (711 missing)	.

20. Of those that reported tobacco use: Which products do you use?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Cigarettes	112	89.6	18	85.7	6	100.0	85	90.4
Pipe	2	1.6	0	0.0	0	0.0	1	1.1
Nicotine pouches	5	4.0	0	0.0	0	0.0	5	5.3
Dip or chewing tobacco	5	4.0	0	0.0	0	0.0	5	5.3
Vape pens/E-cigarettes/Juuls	52	41.6	2	9.5	3	50.0	46	48.9
Cigars	5	4.0	2	9.5	0	0.0	3	3.2
Other:	2	1.6	0	0.0	0	0.0	2	2.1
Prefer not to answer	1	0.8	1	4.8	0	0.0	0	0.0
Respondents	125 (1208 missing)	.	21 (130 missing)	.	6 (37 missing)	.	94 (901 missing)	.

20a. Do you know where to go for help to quit?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Yes	85	68.0	35	66.0	40	69.0
No	35	28.0	15	28.3	16	27.6
Prefer not to answer	5	4.0	3	5.7	2	3.4
Respondents	125 (1208 missing)	.	53 (242 missing)	.	58 (711 missing)	.

20a. Do you know where to go for help to quit?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Yes	85	68.0	16	76.2	4	66.7	62	66.0
No	35	28.0	5	23.8	2	33.3	28	29.8
Prefer not to answer	5	4.0	0	0.0	0	0.0	4	4.3
Respondents	125 (1208 missing)	.	21 (130 missing)	.	6 (37 missing)	.	94 (901 missing)	.

21. Are you regularly exposed to secondhand smoke in any of these locations in New Hanover County? Select all that apply	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Home or car	48	4.4	23	8.7	21	3.1
Workplace	28	2.6	7	2.7	18	2.7
Parks	95	8.7	20	7.6	61	9.0
Restaurants or bars	96	8.8	26	9.9	55	8.1
Schools	3	0.3	1	0.4	2	0.3
Sidewalks	211	19.3	51	19.4	124	18.3
Hospital	14	1.3	3	1.1	8	1.2
Other (please specify):	39	3.6	7	2.7	25	3.7
I am not regularly exposed to secondhand smoke in New Hanover County	747	68.2	168	63.9	478	70.7
Prefer not to answer	32	2.9	15	5.7	9	1.3
Respondents	1096 (237 missing)	.	263 (32 missing)	.	676 (93 missing)	.

21. Are you regularly exposed to secondhand smoke in any of these locations in New Hanover County? Select all that apply	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Home or car	48	4.4	12	9.2	3	8.1	30	3.5
Workplace	28	2.6	4	3.1	3	8.1	20	2.3
Parks	95	8.7	9	6.9	7	18.9	71	8.2
Restaurants or bars	96	8.8	11	8.4	8	21.6	66	7.6
Schools	3	0.3	0	0.0	0	0.0	3	0.3
Sidewalks	211	19.3	22	16.8	10	27.0	166	19.1
Hospital	14	1.3	3	2.3	0	0.0	10	1.2
Other (please specify):	39	3.6	3	2.3	1	2.7	34	3.9
I am not regularly exposed to secondhand smoke in New Hanover County	747	68.2	87	66.4	19	51.4	604	69.7
Prefer not to answer	32	2.9	3	2.3	1	2.7	22	2.5
Respondents	1096 (237 missing)	.	131 (20 missing)	.	37 (6 missing)	.	867 (128 missing)	.

SECTION 5: PHYSICAL ACTIVITY

22. In a typical week, do you exercise for at least 10 minutes continuously for at least one day? Exercise is defined as having an elevating heart rate for 10 minutes.	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Yes	882	79.8	195	73.6	566	83.1
No	208	18.8	67	25.3	111	16.3
Prefer not to answer	15	1.4	3	1.1	4	0.6
Respondents	1105 (228 missing)	.	265 (30 missing)	.	681 (88 missing)	.

22. In a typical week, do you exercise for at least 10 minutes continuously for at least one day? Exercise is defined as having an elevating heart rate for 10 minutes.	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Yes	882	79.8	90	66.7	27	75.0	711	81.5
No	208	18.8	43	31.9	8	22.2	149	17.1
Prefer not to answer	15	1.4	2	1.5	1	2.8	12	1.4
Respondents	1105 (228 missing)	.	135 (16 missing)	.	36 (7 missing)	.	872 (123 missing)	.

22 Follow-up. If you exercise: How many minutes per week do you exercise?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Less than 80	184	25.1	56	36.8	100	20.5
80-150	163	22.3	33	21.7	116	23.8
150-240	176	24.0	26	17.1	132	27.1
GE 240	209	28.6	37	24.3	139	28.5
Respondents	732 (601 missing)	.	152 (143 missing)	.	487 (282 missing)	.

22 Follow-up. If you exercise: How many minutes per week do you exercise?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Less than 80	184	25.1	25	35.2	7	31.8	147	24.7
80-150	163	22.3	19	26.8	4	18.2	134	22.5
150-240	176	24.0	11	15.5	6	27.3	147	24.7
GE 240	209	28.6	16	22.5	5	22.7	168	28.2
Respondents	732 (601 missing)	.	71 (80 missing)	.	22 (21 missing)	.	596 (399 missing)	.

22a. If so, what kind of exercise? Select all that apply	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Running	143	17.5	21	12.1	106	19.9
Swimming	149	18.3	24	13.9	100	18.8
Water sports (kayaking, paddleboarding, etc.)	69	8.5	12	6.9	47	8.8
Rollerskating/skateboarding	17	2.1	7	4.0	8	1.5

Walking	671	82.3	151	87.3	433	81.2
Bicycling	181	22.2	29	16.8	128	24.0
Golf	21	2.6	2	1.2	16	3.0
Yard work (including gardening, bailing hay, digging, hauling materials, mucking stalls, etc.)	332	40.7	54	31.2	226	42.4
Other exercise	266	32.6	48	27.7	191	35.8
Prefer not to answer	5	0.6	1	0.6	4	0.8
Respondents	815 (518 missing)	.	173 (122 missing)	.	533 (236 missing)	.

22a. If so, what kind of exercise? Select all that apply	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Running	143	17.5	6	7.4	7	30.4	126	19.0
Swimming	149	18.3	5	6.2	4	17.4	134	20.2
Water sports (kayaking, paddleboarding, etc.)	69	8.5	1	1.2	2	8.7	61	9.2
Rollerskating/skateboarding	17	2.1	3	3.7	0	0.0	13	2.0
Walking	671	82.3	75	92.6	15	65.2	544	81.9
Bicycling	181	22.2	13	16.0	6	26.1	152	22.9
Golf	21	2.6	1	1.2	0	0.0	17	2.6
Yard work (including gardening, bailing hay, digging, hauling materials, mucking stalls, etc.)	332	40.7	16	19.8	4	17.4	294	44.3
Other exercise	266	32.6	21	25.9	6	26.1	221	33.3
Prefer not to answer	5	0.6	1	1.2	0	0.0	3	0.5
Respondents	815 (518 missing)	.	81 (70 missing)	.	23 (20 missing)	.	664 (331 missing)	.

22b. If yes, in a typical week, how many days do you do these activities in total?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
0	1	0.1	1	0.6	0	0.0
1	11	1.4	3	1.8	8	1.5
2	69	8.8	16	9.5	43	8.3
3	199	25.3	53	31.5	124	24.0
4	141	17.9	28	16.7	98	19.0
5	202	25.6	34	20.2	141	27.3
6	60	7.6	8	4.8	44	8.5
7	104	13.2	24	14.3	59	11.4
Respondents	788 (546 missing)	.	168 (127 missing)	.	517 (252 missing)	.

22b. If yes, in a typical week, how many days do you do these activities in total?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
0	1	0.1	0	0.0	0	0.0	1	0.2
1	11	1.4	2	2.7	0	0.0	9	1.4
2	69	8.8	4	5.3	1	4.3	61	9.5
3	199	25.3	26	34.7	10	43.5	154	24.0
4	141	17.9	12	16.0	3	13.0	119	18.5
5	202	25.6	24	32.0	5	21.7	162	25.2
6	60	7.6	3	4.0	4	17.4	47	7.3
7	104	13.2	4	5.3	0	0.0	89	13.8
Respondents	788 (546 missing)	.	75 (76 missing)	.	23 (20 missing)	.	643 (352 missing)	.

22c. ...and on a typical day, how much time do you spend on average doing these activities in total?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Less than 20	113	15.4	36	23.5	55	11.3
20-29	79	10.8	13	8.5	58	11.9
30-59	311	42.4	57	37.3	224	46.0
GE 60	230	31.4	47	30.7	150	30.8
Respondents	733 (600 missing)	.	153 (142 missing)	.	487 (282 missing)	.

22c. ...and on a typical day, how much time do you spend on average doing these activities in total?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Less than 20	113	15.4	19	26.8	8	36.4	82	13.7
20-29	79	10.8	6	8.5	0	0.0	71	11.9
30-59	311	42.4	29	40.8	7	31.8	261	43.7
GE 60	230	31.4	17	23.9	7	31.8	183	30.7
Respondents	733 (600 missing)	.	71 (80 missing)	.	22 (21 missing)	.	597 (398 missing)	.

23. Where do you engage in exercise or physical activities?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Public rec center(s)	40	4.9	7	4.0	29	5.4
Beach	251	30.7	48	27.6	174	32.6
Parks or trails	350	42.8	68	39.1	245	46.0
Home	499	61.1	100	57.5	330	61.9
Neighborhood	441	54.0	82	47.1	298	55.9
Private gym/pool	240	29.4	37	21.3	173	32.5
Normal work activities	143	17.5	44	25.3	83	15.6
Onsite facility at work	28	3.4	5	2.9	23	4.3
Senior Center	22	2.7	5	2.9	13	2.4
YMCA	52	6.4	7	4.0	35	6.6
Faith community	9	1.1	2	1.1	5	0.9
Malls	25	3.1	7	4.0	14	2.6
School setting	12	1.5	4	2.3	6	1.1
Other (please specify):	61	7.5	19	10.9	35	6.6
Prefer not to answer	5	0.6	2	1.1	2	0.4
Respondents	817 (516 missing)	.	174 (121 missing)	.	533 (236 missing)	.

23. Where do you engage in exercise or physical activities?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Public rec center(s)	40	4.9	3	3.7	2	8.3	35	5.3
Beach	251	30.7	8	9.9	4	16.7	221	33.3
Parks or trails	350	42.8	23	28.4	11	45.8	295	44.4
Home	499	61.1	46	56.8	14	58.3	414	62.3
Neighborhood	441	54.0	34	42.0	7	29.2	376	56.6
Private gym/pool	240	29.4	15	18.5	8	33.3	200	30.1
Normal work activities	143	17.5	15	18.5	1	4.2	116	17.5
Onsite facility at work	28	3.4	2	2.5	0	0.0	24	3.6
Senior Center	22	2.7	4	4.9	0	0.0	17	2.6
YMCA	52	6.4	6	7.4	2	8.3	43	6.5
Faith community	9	1.1	1	1.2	0	0.0	7	1.1
Malls	25	3.1	5	6.2	0	0.0	19	2.9
School setting	12	1.5	1	1.2	0	0.0	9	1.4
Other (please specify):	61	7.5	6	7.4	2	8.3	50	7.5
Prefer not to answer	5	0.6	3	3.7	0	0.0	2	0.3
Respondents	817 (516 missing)	.	81 (70 missing)	.	24 (19 missing)	.	664 (331 missing)	.

24. If you skip exercise or do it less often than you want, what are some of the reasons? Please select all the reasons that apply	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
I don't like to exercise	102	10.0	28	11.8	59	9.2
Lack of motivation	425	41.7	106	44.7	264	41.4
Lack of childcare	44	4.3	6	2.5	34	5.3
It costs too much to exercise (equipment, shoes, gym)	99	9.7	29	12.2	55	8.6
I'm physically unable	96	9.4	31	13.1	46	7.2
Lack of transportation	7	0.7	6	2.5	1	0.2
Concerns about getting COVID-19 during indoor activity	77	7.5	22	9.3	42	6.6
Lack of access to sidewalk, facility, pool, green spaces, track, etc. (nonexistent or not usable due to wear and tear)	124	12.2	31	13.1	79	12.4
There is no safe place to exercise	57	5.6	16	6.8	37	5.8
Lack of time/too busy	452	44.3	80	33.8	317	49.7
I don't need to exercise	8	0.8	6	2.5	1	0.2
Other (please specify):	68	6.7	22	9.3	41	6.4
Does not apply - I get regular exercise	178	17.5	31	13.1	113	17.7
Don't know/Not sure	12	1.2	3	1.3	6	0.9
Prefer not to answer	18	1.8	8	3.4	5	0.8
Respondents	1020 (313 missing)	.	237 (58 missing)	.	638 (131 missing)	.

24. If you skip exercise or do it less often than you want, what are some of the reasons? Please select all the reasons that apply	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
I don't like to exercise	102	10.0	6	4.9	1	3.0	91	11.2
Lack of motivation	425	41.7	62	50.8	17	51.5	332	41.0
Lack of childcare	44	4.3	7	5.7	2	6.1	35	4.3
It costs too much to exercise (equipment, shoes, gym)	99	9.7	14	11.5	4	12.1	77	9.5
I'm physically unable	96	9.4	10	8.2	2	6.1	79	9.8
Lack of transportation	7	0.7	1	0.8	0	0.0	6	0.7
Concerns about getting COVID-19 during indoor activity	77	7.5	11	9.0	2	6.1	59	7.3

Lack of access to sidewalk, facility, pool, green spaces, track, etc. (nonexistent or not usable due to wear and tear)	124	12.2	9	7.4	4	12.1	105	13.0
There is no safe place to exercise	57	5.6	10	8.2	3	9.1	40	4.9
Lack of time/too busy	452	44.3	47	38.5	21	63.6	362	44.7
I don't need to exercise	8	0.8	2	1.6	0	0.0	5	0.6
Other (please specify):	68	6.7	2	1.6	0	0.0	64	7.9
Does not apply - I get regular exercise	178	17.5	13	10.7	2	6.1	147	18.1
Don't know/Not sure	12	1.2	2	1.6	1	3.0	9	1.1
Prefer not to answer	18	1.8	3	2.5	0	0.0	9	1.1
Respondents	1020 (313 missing)	.	122 (29 missing)	.	33 (10 missing)	.	810 (185 missing)	.

SECTION 6: EATING HABITS

25. About how many servings of fruits do you eat in a typical day?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
None	81	7.9	21	8.7	47	7.4
1	384	37.4	93	38.6	243	38.0
2-3	458	44.6	99	41.1	301	47.1
4 or more	67	6.5	16	6.6	36	5.6
Don't know/Not sure	28	2.7	8	3.3	11	1.7
Prefer not to answer	9	0.9	4	1.7	1	0.2
Respondents	1027 (306 missing)	.	241 (54 missing)	.	639 (130 missing)	.

25. About how many servings of fruits do you eat in a typical day?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
None	81	7.9	6	4.8	2	6.3	69	8.4
1	384	37.4	31	25.0	13	40.6	323	39.5
2-3	458	44.6	72	58.1	13	40.6	353	43.2
4 or more	67	6.5	9	7.3	3	9.4	50	6.1
Don't know/Not sure	28	2.7	4	3.2	1	3.1	17	2.1

Prefer not to answer	9	0.9	2	1.6	0	0.0	5	0.6
Respondents	1027 (306 missing)	.	124 (27 missing)	.	32 (11 missing)	.	817 (178 missing)	.

26. About how many servings of vegetables do you eat in a typical day?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
None	28	2.7	11	4.6	13	2.0
1	279	27.1	77	32.0	156	24.4
2-3	559	54.4	113	46.9	378	59.2
4 or more	141	13.7	32	13.3	86	13.5
Don't know/Not sure	12	1.2	3	1.2	6	0.9
Prefer not to answer	9	0.9	5	2.1	0	0.0
Respondents	1028 (305 missing)	.	241 (54 missing)	.	639 (130 missing)	.

26. About how many servings of vegetables do you eat in a typical day?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
None	28	2.7	3	2.4	2	6.3	19	2.3
1	279	27.1	42	33.9	7	21.9	217	26.6
2-3	559	54.4	60	48.4	20	62.5	460	56.3
4 or more	141	13.7	16	12.9	3	9.4	108	13.2
Don't know/Not sure	12	1.2	1	0.8	0	0.0	8	1.0
Prefer not to answer	9	0.9	2	1.6	0	0.0	5	0.6
Respondents	1028 (305 missing)	.	124 (27 missing)	.	32 (11 missing)	.	817 (178 missing)	.

27. If there are times you don't have the recommended serving (2 cups of fruit and 3 cups of vegetables) what are the reasons? Choose all that apply	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Fruits and vegetable cost too much	271	26.6	97	40.4	136	21.5
I don't like the way they taste	60	5.9	19	7.9	38	6.0
I don't know how to prepare fruits and vegetables	43	4.2	16	6.7	22	3.5
I wasn't aware of the recommended serving size	94	9.2	28	11.7	49	7.7

It's hard to find fruit and vegetable options when I eat outside the home	148	14.5	32	13.3	100	15.8
There are a lot of other, less healthy and more affordable, food options offered around me	214	21.0	63	26.3	129	20.4
Nobody else in my family will eat them	51	5.0	9	3.8	35	5.5
Fruits and vegetables don't fill me up	70	6.9	20	8.3	41	6.5
There aren't places in my neighborhood to buy these foods	27	2.7	10	4.2	12	1.9
Does not apply - I eat enough fruits and vegetables	307	30.2	44	18.3	218	34.4
Other	300	29.5	77	32.1	189	29.9
Prefer not to answer	59	5.8	14	5.8	30	4.7
Respondents	1018 (315 missing)	.	240 (55 missing)	.	633 (136 missing)	.

27. If there are times you don't have the recommended serving (2 cups of fruit and 3 cups of vegetables) what are the reasons? Choose all that apply	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Fruits and vegetable cost too much	271	26.6	38	31.1	15	46.9	207	25.6
I don't like the way they taste	60	5.9	5	4.1	0	0.0	52	6.4
I don't know how to prepare fruits and vegetables	43	4.2	5	4.1	1	3.1	34	4.2
I wasn't aware of the recommended serving size	94	9.2	18	14.8	1	3.1	72	8.9
It's hard to find fruit and vegetable options when I eat outside the home	148	14.5	20	16.4	3	9.4	116	14.3
There are a lot of other, less healthy and more affordable, food options offered around me	214	21.0	20	16.4	5	15.6	184	22.7
Nobody else in my family will eat them	51	5.0	4	3.3	1	3.1	46	5.7

Fruits and vegetables don't fill me up	70	6.9	8	6.6	3	9.4	52	6.4
There aren't places in my neighborhood to buy these foods	27	2.7	8	6.6	1	3.1	17	2.1
Does not apply - I eat enough fruits and vegetables	307	30.2	34	27.9	5	15.6	245	30.2
Other	300	29.5	25	20.5	8	25.0	256	31.6
Prefer not to answer	59	5.8	9	7.4	2	6.3	43	5.3
Respondents	1018 (315 missing)	.	122 (29 missing)	.	32 (11 missing)	.	810 (185 missing)	.

28. About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas (not diet), sweet tea, lemonade, or energy drinks, do you drink each day?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
None	644	62.8	103	42.9	448	70.1
1	227	22.1	75	31.3	124	19.4
2	84	8.2	33	13.8	40	6.3
3	33	3.2	12	5.0	14	2.2
4 or more	28	2.7	12	5.0	13	2.0
Don't know/Not sure	2	0.2	2	0.8	0	0.0
Prefer not to answer	8	0.8	3	1.3	0	0.0
Respondents	1026 (307 missing)	.	240 (55 missing)	.	639 (130 missing)	.

28. About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas (not diet), sweet tea, lemonade, or energy drinks, do you drink each day?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
None	644	62.8	43	34.7	15	46.9	547	67.0
1	227	22.1	40	32.3	11	34.4	166	20.3
2	84	8.2	21	16.9	5	15.6	57	7.0
3	33	3.2	10	8.1	0	0.0	23	2.8
4 or more	28	2.7	8	6.5	1	3.1	16	2.0
Don't know/Not sure	2	0.2	0	0.0	0	0.0	2	0.2
Prefer not to answer	8	0.8	2	1.6	0	0.0	5	0.6

Respondents	1026 (307 missing)	.	124 (27 missing)	.	32 (11 missing)	.	816 (179 missing)	.
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SECTION 7: PERSONAL & MENTAL HEALTH CONDITIONS

29. Considering your physical health overall, would you describe your health as...	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Excellent	65	6.3	9	3.7	51	8.0
Very good	304	29.7	50	20.7	213	33.4
Good	419	40.9	102	42.3	254	39.9
Fair	178	17.4	54	22.4	100	15.7
Poor	43	4.2	21	8.7	16	2.5
Don't know/Not sure	9	0.9	4	1.7	2	0.3
Prefer not to answer	6	0.6	1	0.4	1	0.2
Respondents	1024 (309 missing)	.	241 (54 missing)	.	637 (132 missing)	.

29. Considering your physical health overall, would you describe your health as...	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Excellent	65	6.3	6	4.8	2	6.3	54	6.6
Very good	304	29.7	26	21.0	8	25.0	255	31.3
Good	419	40.9	56	45.2	11	34.4	326	40.0
Fair	178	17.4	26	21.0	7	21.9	139	17.1
Poor	43	4.2	7	5.6	3	9.4	30	3.7
Don't know/Not sure	9	0.9	2	1.6	1	3.1	6	0.7
Prefer not to answer	6	0.6	1	0.8	0	0.0	4	0.5
Respondents	1024 (309 missing)	.	124 (27 missing)	.	32 (11 missing)	.	814 (181 missing)	.

30. Considering your mental health overall, would you describe your health as...	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Excellent	110	10.8	22	9.2	72	11.3
Very good	282	27.6	48	20.1	194	30.4
Good	349	34.1	75	31.4	220	34.5
Fair	209	20.4	64	26.8	121	19.0
Poor	58	5.7	26	10.9	28	4.4
Don't know/Not sure	6	0.6	2	0.8	2	0.3

Prefer not to answer	9	0.9	2	0.8	1	0.2
Respondents	1023 (310 missing)	.	239 (56 missing)	.	638 (131 missing)	.

30. Considering your mental health overall, would you describe your health as...	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Excellent	110	10.8	14	11.4	4	12.5	88	10.8
Very good	282	27.6	31	25.2	3	9.4	238	29.2
Good	349	34.1	44	35.8	14	43.8	269	33.0
Fair	209	20.4	26	21.1	8	25.0	165	20.3
Poor	58	5.7	4	3.3	2	6.3	48	5.9
Don't know/Not sure	6	0.6	1	0.8	1	3.1	2	0.2
Prefer not to answer	9	0.9	3	2.4	0	0.0	4	0.5
Respondents	1023 (310 missing)	.	123 (28 missing)	.	32 (11 missing)	.	814 (181 missing)	.

31. In the last 6 months have you experienced any mental health symptoms that kept you from doing your daily activities in any way?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Yes	360	35.2	115	47.9	208	32.6
No	603	58.9	111	46.3	400	62.7
Prefer not to answer	26	2.5	5	2.1	8	1.3
Don't know/Not sure	35	3.4	9	3.8	22	3.4
Respondents	1024 (309 missing)	.	240 (55 missing)	.	638 (131 missing)	.

31. In the last 6 months have you experienced any mental health symptoms that kept you from doing your daily activities in any way?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Yes	360	35.2	35	28.2	10	31.3	297	36.5
No	603	58.9	75	60.5	20	62.5	480	59.0
Prefer not to answer	26	2.5	6	4.8	0	0.0	14	1.7
Don't know/Not sure	35	3.4	8	6.5	2	6.3	23	2.8

Respondents	1024 (309 missing)	.	124 (27 missing)	.	32 (11 missing)	.	814 (181 missing)	.
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31a. If you experienced mental health issues: Did you receive treatment for depression, anxiety, or other mental health concerns? If so, from where?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
From primary care provider (PCP)	146	40.6	42	36.5	90	43.3
Mental health counselor	130	36.1	43	37.4	76	36.5
Mental health agency	25	6.9	14	12.2	11	5.3
Other	22	6.1	8	7.0	11	5.3
Did not receive treatment	113	31.4	35	30.4	61	29.3
Prefer not to answer	5	1.4	3	2.6	2	1.0
Respondents	360 (973 missing)	.	115 (180 missing)	.	208 (561 missing)	.

31a. If you experienced mental health issues: Did you receive treatment for depression, anxiety, or other mental health concerns? If so, from where?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
From primary care provider (PCP)	146	40.6	9	25.7	4	40.0	128	43.1
Mental health counselor	130	36.1	11	31.4	3	30.0	111	37.4
Mental health agency	25	6.9	4	11.4	1	10.0	22	7.4
Other	22	6.1	2	5.7	1	10.0	19	6.4
Did not receive treatment	113	31.4	15	42.9	2	20.0	88	29.6
Prefer not to answer	5	1.4	0	0.0	0	0.0	2	0.7
Respondents	360 (973 missing)	.	35 (116 missing)	.	10 (33 missing)	.	297 (698 missing)	.

SECTION 8: EMERGENCY PREPAREDNESS AND COMMUNICATION

32. Does your family have a basic emergency supply kit?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Yes	625	61.0	113	46.9	415	65.1
No	379	37.0	120	49.8	218	34.2
Don't know/Not sure	13	1.3	6	2.5	4	0.6
Prefer not to answer	7	0.7	2	0.8	0	0.0
Respondents	1024 (309 missing)	.	241 (54 missing)	.	637 (132 missing)	.

32. Does your family have a basic emergency supply kit?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Yes	625	61.0	58	47.2	16	50.0	513	62.9
No	379	37.0	59	48.0	16	50.0	290	35.6
Don't know/Not sure	13	1.3	4	3.3	0	0.0	8	1.0
Prefer not to answer	7	0.7	2	1.6	0	0.0	4	0.5
Respondents	1024 (309 missing)	.	123 (28 missing)	.	32 (11 missing)	.	815 (180 missing)	.

33. If yes, how many days do you have supplies for?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Less than 3	43	7.2	12	11.2	25	6.3
3-6 days	325	54.3	47	43.9	230	57.5
7-13 days	145	24.2	31	29.0	91	22.8
14-30 days	78	13.0	17	15.9	47	11.8
Greater than 30 days	7	1.2	0	0.0	7	1.8
Respondents	598 (735 missing)	.	107 (188 missing)	.	400 (369 missing)	.

33. If yes, how many days do you have supplies for?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Less than 3	43	7.2	7	12.7	0	0.0	33	6.7
3-6 days	325	54.3	30	54.5	9	64.3	272	55.3
7-13 days	145	24.2	14	25.5	4	28.6	118	24.0
14-30 days	78	13.0	4	7.3	1	7.1	65	13.2
Greater than 30 days	7	1.2	0	0.0	0	0.0	4	0.8
Respondents	598 (735 missing)	.	55 (96 missing)	.	14 (29 missing)	.	492 (503 missing)	.

34. What would be your main way(s) of getting information from authorities in a large-scale disaster or emergency?	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Television	588	57.9	132	55.5	374	59.1
Text (Emergency Alerts)	697	68.6	161	67.6	441	69.7
Radio	488	48.0	108	45.4	315	49.8
Pre-registered emergency alert notifications through New Hanover County Emergency Management	318	31.3	63	26.5	209	33.0
Internet	576	56.7	128	53.8	368	58.1
Telephone/Smartphone	594	58.5	130	54.6	380	60.0
Print media/newspaper	82	8.1	29	12.2	47	7.4
New Hanover County webpage	231	22.7	47	19.7	161	25.4
Social media (e.g. Twitter, Facebook)	502	49.4	103	43.3	339	53.6
911	69	6.8	19	8.0	42	6.6
211	24	2.4	11	4.6	11	1.7
Neighbors/Friends/Family/Word of Mouth	440	43.3	103	43.3	281	44.4
New Hanover County Special Needs Registry	12	1.2	4	1.7	6	0.9
Other	23	2.3	1	0.4	21	3.3
Not sure	9	0.9	5	2.1	3	0.5
Prefer not to answer	3	0.3	2	0.8	1	0.2
Respondents	1016 (317 missing)	.	238 (57 missing)	.	633 (136 missing)	.

34. What would be your main way(s) of getting information from authorities in a large-scale disaster or emergency?	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Television	588	57.9	75	62.5	15	48.4	468	57.8
Text (Emergency Alerts)	697	68.6	91	75.8	20	64.5	552	68.1
Radio	488	48.0	60	50.0	10	32.3	393	48.5
Pre-registered emergency alert notifications through New Hanover County Emergency Management	318	31.3	32	26.7	7	22.6	263	32.5
Internet	576	56.7	62	51.7	12	38.7	477	58.9
Telephone/Smartphone	594	58.5	71	59.2	10	32.3	483	59.6
Print media/newspaper	82	8.1	15	12.5	1	3.2	66	8.1
New Hanover County webpage	231	22.7	30	25.0	5	16.1	187	23.1
Social media (e.g. Twitter, Facebook)	502	49.4	55	45.8	17	54.8	405	50.0
911	69	6.8	13	10.8	4	12.9	52	6.4
211	24	2.4	3	2.5	1	3.2	21	2.6
Neighbors/Friends/Family/Word of Mouth	440	43.3	50	41.7	10	32.3	359	44.3
New Hanover County Special Needs Registry	12	1.2	3	2.5	0	0.0	9	1.1
Other	23	2.3	5	4.2	1	3.2	16	2.0
Not sure	9	0.9	1	0.8	1	3.2	6	0.7
Prefer not to answer	3	0.3	1	0.8	1	3.2	1	0.1
Respondents	1016 (317 missing)	.	120 (31 missing)	.	31 (12 missing)	.	810 (185 missing)	.

35. What would be the main reasons you might not evacuate if asked to do so? Select all that apply	Overall Count	Overall %	Income <\$50,000 Count	Income <\$50,000 %	Income \$50,000+ Count	Income \$50,000+ %
Not applicable, I would evacuate	281	27.6	68	28.5	177	28.0
Concern about traffic jams and inability to get out	175	17.2	40	16.7	100	15.8
Concern about leaving pets	221	21.7	53	22.2	135	21.4
Concern about leaving property behind	254	25.0	48	20.1	160	25.3
Concern about family safety	133	13.1	33	13.8	72	11.4
Concern that public officials are wrong	39	3.8	6	2.5	27	4.3
Concern about personal safety	87	8.6	32	13.4	40	6.3
Lack of transportation	23	2.3	16	6.7	6	0.9
No place to go	166	16.3	65	27.2	79	12.5
Health problems of self	23	2.3	7	2.9	10	1.6

I have prepared my home for emergencies	193	19.0	31	13.0	134	21.2
Don't know/Not sure	34	3.3	10	4.2	19	3.0
Other	201	19.8	39	16.3	135	21.4
Prefer not to answer	15	1.5	5	2.1	7	1.1
Respondents	1017 (316 missing)	.	239 (56 missing)	.	632 (137 missing)	.

35. What would be the main reasons you might not evacuate if asked to do so? Select all that apply	Overall Count	Overall %	Black Count	Black %	Hispanic or Latino Count	Hispanic or Latino %	White Count	White %
Not applicable, I would evacuate	281	27.6	47	38.8	7	22.6	213	26.3
Concern about traffic jams and inability to get out	175	17.2	20	16.5	4	12.9	143	17.7
Concern about leaving pets	221	21.7	9	7.4	8	25.8	192	23.7
Concern about leaving property behind	254	25.0	12	9.9	6	19.4	219	27.0
Concern about family safety	133	13.1	14	11.6	9	29.0	101	12.5
Concern that public officials are wrong	39	3.8	1	0.8	0	0.0	34	4.2
Concern about personal safety	87	8.6	11	9.1	2	6.5	70	8.6
Lack of transportation	23	2.3	5	4.1	1	3.2	17	2.1
No place to go	166	16.3	19	15.7	11	35.5	130	16.0
Health problems of self	23	2.3	1	0.8	0	0.0	20	2.5
I have prepared my home for emergencies	193	19.0	15	12.4	1	3.2	165	20.4
Don't know/Not sure	34	3.3	6	5.0	1	3.2	24	3.0
Other	201	19.8	19	15.7	2	6.5	166	20.5
Prefer not to answer	15	1.5	2	1.7	2	6.5	11	1.4
Respondents	1017 (316 missing)	.	121 (30 missing)	.	31 (12 missing)	.	810 (185 missing)	.

Appendix 2 References

1. Centers for Disease Control and Prevention. Community Assessment for Public Health Emergency Response (CASPER) Toolkit: Third edition. Atlanta, GA: CDC, 2019. Accessed October 7, 2022.
<https://www.cdc.gov/nceh/casper/sampling-methodology.htm>.
2. U.S. Census Bureau. 2020 Decennial Census. 2021. Accessed February 1, 2022.
<https://data.census.gov/cedsci/table?q=United%20States&tid=DECENNIALPL2020.P1>
3. U.S. Census Bureau. Median Household Income in the Past 12 Months: 2016-2020 American Community Survey 5-year Estimates, Table B19013. 2022.
4. New Hanover County. New Hanover County GIS Portal: REST Services. Accessed May 13, 2022.
<https://gis.nhcgov.com/server/rest/services>.

APPENDIX 3: COMMUNITY RESOURCES

ACCESS TO CARE

Adult Care	City	Website	Phone Number
Morningside of Wilmington	Wilmington, NC	https://www.fivestarseniorliving.com/communities/nc/wilmington/morningside-of-wilmington	(910) 452-1114
New Hanover House	Wilmington, NC	https://newhanoverhouse.com/	(910) 632-2671
Castle Creek Memory Care	Castle Hayne, NC	https://castlecreekmemorycare.com/	(910) 675-2988
Champions Assisted Living	Wilmington, NC	https://www.thedaviscommunity.org/healthcare/assisted-living/	(910) 686-6462

Source: DHSS Licensed Facilities as of July 2022

Family Care Homes	City	Website	Phone Number
Coastal Cove of Wilmington	Wilmington, NC	http://coastalcoveofwilmington.com/	(910) 660-0944
LINC, Inc.	Wilmington, NC	https://www.facebook.com/lincincnc	(910) 762-4635
The Sergeant Eugene Ashley Center (Veterans)	Wilmington, NC	https://www.goodshepherdwilmington.org/project/lakeside-reserve/	(910) 763-4424

Source: DHSS Licensed Facilities as of July 2022; NHC.gov Community Resources

Home Care	City	Website	Phone Number
Unity Home Care, Inc.	Wilmington, NC	https://www.unityhomecare.org/Wilmington	(910) 792-6855
Coastal Companion Care	Wilmington, NC	https://www.coastalcompanioncare.com/	(910) 444-0650
Right at Home Wilmington	Wilmington, NC	https://www.rightathome.net/wilmington	(910) 765-0755
SPC Home Care	Wilmington, NC	http://spchomecare.com/	(910) 395-8039
Bailey Homecare, Inc.	Wilmington, NC	https://www.baileyhomecare.com/	(910) 399-3465
The Davis Community	Wilmington, NC	https://www.thedaviscommunity.org/healthcare/home-care-services/	(910) 679-9885
Angels of Care	Wilmington, NC	https://angelsofcare.com/	(910) 338-4883
Senior Helpers	Wilmington, NC	https://www.seniorhelpers.com/nc/wilmington/	(910) 250-9280

BAYADA Home Health Care, Inc.	Wilmington, NC	https://www.bayada.com/offices/nc/wilmington/3205-randall-parkway/assistive-care---state-programs	(910) 343-8347
Express Support Home Care	Wilmington, NC		(919) 876-4949
Pentec Health	Wilmington, NC	https://pentechealth.com/	(800) 223-4376
All Ways Caring	Wilmington, NC	https://www.allwayscaring.com/location/all-ways-caring-homecare-wilmington-north-carolina/	(704) 559-8125

Source: DHHS Licensed Facilities as of September 2022

Hospital	City	Website	Phone Number
Novant Health New Hanover Regional Medical Center	Wilmington, NC	https://www.nhrmc.org/locations/novant-health-new-hanover-regional-medical-center	(910) 667-7000

Source: DHHS Licensed Facilities as of September 2022

Nursing Facilities	City	Website	Phone Number
NorthChase Nursing and Rehabilitation Center	Wilmington, NC	https://www.nchcfa.org/find-skilled-nursing-care/northchase-nursing-and-rehabilitation-center/	(910) 791-3451
Accordius Health at Wilmington	Wilmington, NC	https://accordiushealth.com/locations/north-carolina/eastern-north-carolina/accordius-health-at-wilmington/	(910) 343-0425
Cypress Pointe Rehabilitation Center	Wilmington, NC	https://cypresspointerehab.com/	(910) 763-6271
Autumn Care of Myrtle Grove	Wilmington, NC	https://www.saberhealth.com/locations/autumn-care-of-myrtle-grove	(910) 792-1455
Peak Resources – Wilmington, Inc.	Wilmington, NC	https://peakresourcesinc.com/our-locations/wilmington/	(910) 362-3621
Trinity Grove	Wilmington, NC	https://trinitygrove.net/	(910) 442-3000
Davis Health and Wellness Center at Cambridge Village	Wilmington, NC	https://www.thedaviscommunity.org/?utm_source=local&utm_medium=organic&utm_campaign=gmb&utm_content=champions	(910) 679-8300
Azalea Health & Rehab Center	Wilmington, NC	https://www.saberhealth.com/locations/azalea-health-and-rehab-center	(910) 392-3110
Bradley Creek Health Center at Carolina Bay	Wilmington, NC	https://www.carolinabayatautumnhall.com/bradley-creek-health-center/	(910) 769-7500
Liberty Commons Rehabilitation Center	Wilmington, NC	https://libertyhealthcareandrehab.com/libertycommons/	(910) 452-4070

Source: DHHS Licensed Facilities as of September 2022

HOUSING

Housing/Shelter	City	Website	Phone Number
Wilmington Housing Authority	Wilmington, NC	http://www.wha.net/Housing_Programs/Public_Housing/Public_Housing.htm	(910) 341-7700
Permanent Supportive Housing	Wilmington, NC	https://www.firstfruitministries.org/programs/wilmington-dream-center/permanent-supportive-housing	(910) 794-9656 xt 110
SECU Lakeside Reserve	Wilmington, NC	https://www.goodshepherdwilmington.org/project/lakeside-reserve/	(910) 763-4424
Eden Village of Wilmington	Wilmington, NC	https://edenvillageusa.org/wilmington-nc/need-help/how-to-apply/	(910) 200-7571
The Good Shepherd	Wilmington, NC	https://www.goodshepherdwilmington.org/	(910) 763-4424

Source: NC211

MENTAL HEALTH & SUBSTANCE USE

Counseling and Treatment Services	City	Website	Phone Number
The HRA Mental Health-The Harbor	Wilmington, NC	http://www.rhabebehavioralhealth.org/contact/	(910) 632-2191
The Cape Fear Walk-In Crisis Clinic	Wilmington, NC	https://capefearclinic.org/	(910) 632-2191
Cape Fear Case Management & Counseling Services	Wilmington, NC		(910) 399-6184
Carolina Support Services, Inc.	Wilmington, NC		(910) 399-4530
Coastal Support Specialists	Wilmington, NC		(910) 792-6130
Coastal Horizons Center, Inc.	Wilmington, NC	https://coastalhorizons.org/	(910) 343-0145
Delta Behavioral Health	Wilmington, NC	http://www.deltadb.com/	(910) 343-6890
GHA Autism Supports, Inc.	Wilmington, NC	http://www.ghaautismsupports.org/	
Coastal Horizons Rape Crisis Center	Wilmington, NC	http://www.supportrcc.org	(910) 392-7195
Lifetime Resources, Inc. Echo Farms Group Home	Wilmington, NC		(910) 762-1189
Greenville Loop Group Home	Wilmington, NC		(910) 762-1189
Myrtle Grove Group Home	Wilmington, NC		(910) 762-1189
Wilmington Treatment Center	Wilmington, NC	https://www.wilmingtontreatment.com/	(910) 742-9724

SCI-Coastal House I and II	Wilmington, NC		(910) 762-7111
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Source: NHC.gov Community Resources; DHHS Licensed Facilities as of September 2022



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